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Editorial

Carola Gridea

THE year 2003 has been one of the most important years in ISSTIP's history since its founding in 1981. In every Journal (Nos 1 - 11) and Newsletter we have emphasised the many developments in the medical and musical professions, thanks to the society's pioneering work.

There have been many advancements throughout the years thanks to the many conferences, workshops, seminars, articles in various journals in the UK and abroad, and last but not least, the advent of the Internet which also helped to raise the society's profile.

<www.isstip.com> and <isstip.artsound.com> are visited quite often. 'Musicians Gallery' web has included ISSTIP in its home pages and our colleagues <steverodman@zoom.co.uk>, <paul@lanfearpa.freesevice.co.uk> and <mdesterre@yahoo.com> have been most helpful in adding news items and articles of interest to our own web.

MUSIC MEDICINE in Britain started only in 1990. Dr Ian James was ISSTIP Chairman when ISSTIP brought in some 50 General Practitioners interested to participate as independent medical advisers to British Orchestras, in response to an announcement in the 'General Practitioner'. Dr James realised that, with all these GPs interested in music, the moment was right to set up BAPAM – the British Association for Performing Arts Medicine – with himself as Chairman. Professor Arnold Marran wrote to Carola Gridea: 'If not for ISSTIP's valuable work, British Performing Arts Medicine would never have started' (Letter 6/6 /1990)

Carola Gridea was elected ISSTIP new Chairman, The first 'Performing Arts Medicine' CLINIC in the UK was founded at London College of Music, in May 1990, at the invitation of the Principal, John McCabe and the late Pamela Bowden, Head of Singing. Dr Wynn Parry became Consultant/Adviser and he has been with us ever since. Musicians could receive, at last, specialist help with their problems and dysfunctions, many of them having had to give up their careers (The database of all cases is now available).

In October 2002, ISSTIP initiated another pioneering development: the first CERTIFICATE COURSE to train 'Music Medicine Therapists'. If we may be allowed to sing our Society's praises, once again ISSTIP was responsible for this most important new achievement in British Music Medicine.

Due to the great interest in these new studies, two more such courses were held in 2003, the second one also at LCMM while the third, short and intensive, was hosted by Trinity College of Music. Thus, the first batch of well trained Music Medicine Therapists were ready to start work in this specialised field as from November 2003, when they had completed their Dissertations. Among them there are several doctors, physiotherapists and musicians, all able to help their patients, their colleagues, their students and themselves – since most of them are amateur or professional musicians.

In this issue, *ISSTIP Journal* No 12, we are publishing several articles written by ISSTIP members:

Dr Fiona Clarey, a trainee MMT, a Report on the first Courses to train Music Medicine Therapists (which has appeared in *BPAM Journal*, Summer 2003); *Emma Peake* 'Meeting the Gridea Technique' for the first time; *Dominique Royle, MSc*, on her thesis in which she studies eight musicians, discussing their physical and psychological problems and how they worked through them together; *Carola Gridea and Dr Fiona Clarey* study on 'Focal Dystonia in Guitarists' together with the guitarists own report; *Carola Gridea* on 'Pianist's Wrist – The Second Breathing Organ', her thoughts on the many functions of the wrist and especially the moments of SILENCE in music.

We cannot publish in this issue all the outlines of the DISSERTATIONS submitted by the trainees MMTs but it is interesting to see a wide range of topics, from minor physical ailments to Focal Dystonia, on psychological aspects, with 'stagefright/anxiety' first on the list. What really matters is that more and more research in this field is being undertaken in many academic institutions in the UK and elsewhere.

The Editor

ISSTIP - Topic for Project at an Arts Administration Course

Margarita Kazala, Co-ordinator of ISSTIP COURSE hosted by Trinity College of Music, chose ISSTIP Society for her project at her course on Arts Administration at Birkbeck College, London.

She presented relevant Information regarding the History, Aims, details of Research undertaken, setting up the first Performing Arts Clinic in the UK where musicians receive advice and therapy on their physical and psychological problems and on their diverse physical injuries, organising Workshops, Seminars, National and International Conferences, publishing ISSTIP JOURNAL, Newsletters, Database of PAC Musicians, Funding, and lately, the first Certificate Courses to train Music Medicine Therapists. The Dissertation was presented to the whole class, when the Tutor commented: "A very interesting essay, well documented – but is this a product of your imagination?"

Videos of all courses are available together with lists of specialists and topics.

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ISSTIP courses to train Music Medicine Therapists

Dr Fiona Clarey MB BChir MA DRCOG MFFP

In 2003, ISSTIP organized the first three Courses in the UK to train Music Medicine Therapists who will now be able to help musicians with their physical and psychological problems and with their injuries and to 'undo' what we musicians do to our bodies.

As a semi-retired doctor (family planning and forensic gynaecology) returning to amateur music after 20 years I was looking for a solution to the frustration of performance nerves which had reared their head again and revived memories of shaky hands for school concerts and music exams!

I was also experiencing some pain in my neck and back which I thought were postural and also had some tenosynovitis. I had not heard of International Society for Study of Tension in Performance nor was I aware of The British Performing Arts Medicine Trust (BPAMT).

That was November 2002.

Since I joined the second ISSTIP course to train Music Medicine Therapists in January, I have been exposed to a fascinating and expanding new discipline which has much to offer. The Course required attendance at six of the eight Sunday sessions and six of the Wednesday afternoon practical sessions at the Performing Arts Clinic at the London College of Music and Media and also to submit a Dissertation.

At these courses I have been entertained by and learned from first class international speakers who are experts in their field and have enormous clinical experience.

Dr Wynn Parry, the Medical Adviser to the ISSTIP course and also Consultant to BPAMT and co-author with Mr Ian Winspur of "The Musicians Hand" – a Clinical Guide (Martin Dunitz Publishing Co) expertly demonstrated both to the musicians and to the health professionals how to examine the musculoskeletal system and amused us with tales of clinical cases.

Dr Kenneth Lewis, a GP attached to the London Symphony Orchestra, opened our eyes to the benefits of working with British Orchestras (AMABO, part of BPAMT)

It is fortunate for the Netherlands and us that Dr Boni Rietveld, took a risk (and cut

in salary initially) and left his orthopaedic post to set up the only 'Centre for Dancers and Musicians' injuries in Holland under National Health. Boni is dually qualified – he is professional trumpet and harp player – and entertained us musically and medically, with cases from his clinic. He demonstrated novel instrumental adaptations and helpful aids for the practical musician's problems. As per clinic practices, he brought his Mini-Trumpet with him which has been adapted to fit in the pocket!

We had a fascinating morning learning the dynamic anatomy of the larynx, discussing voice problems and their diagnosis and treatment, (including microlaryngeal surgery) and looking at videos of clinical cases with the ENT surgeons Mr Garfield Davies – joint author with Anthony F. Jahn of "Care of the Professional Voice" (Butterworth/Heinemann) and Mr Tom Harris who runs the Voice Clinic at St Mary's Hospital, Sidenham.

Professor Raoul Tubiana, Orthopaedic surgeon and Director of the 'Institut de la Main' in Paris, co-editor and author of several chapters in the book 'Medical Problems of the Instrumental Musician' (M. Dunitz) and of 'Functional Disorders in Musicians' (Elsevier) is renowned for his work on Focal Dystonia. He gave us a lecture on this intriguing condition which was followed by a workshop with several pianists with focal dystonia who had travelled from as far as Ireland and Slovenia.

Dr Daniel Lasserson, Welcome Research Fellow at National Hospital for Neurological Disorders in Queen's Square, stimulated our brains from the postprandial lethargy of a hot afternoon so that we could learn from him about the interrelations between the *Mind, Brain and Music*. We were treated to interesting clinical examples from his research and fascinating studies of stroke victims, with historical examples of famous musicians where musical ability may be left intact although language skills are affected.

The course emphasized the multi-disciplinary nature of the approaches to the successful prevention and treatment of musicians occupational hazards. The musicians on the Faculty demonstrated alternatives to the medical modalities.

Penelope Roskell, Professor of Piano at

Trinity College, gave us a practical session on Yoga for musicians, another Piano professor, Alan Fraser, from Novisad Music Academy in Yugoslavia and the Feldenkrais Institute in Paris, introduced us to Feldenkrais. This was supplemented by Wednesday afternoon session with a practical session on Feldenkrais lead by Robert Scholl, Senior Lecturer on the Music Department at LCMM.

We had two afternoon sessions with singers when Dinah Harris introduced us to the 'Functional Anatomy of Breathing' and gave us a fascinating and practical insight into breathing techniques. Esther Salaman gave a master class with singers and demonstrated the enormous benefits to the performance of both the professional and the amateur, of keeping in mind the emotion you are trying to communicate.

Patrick Macdonald, a trained pianist and osteopath, whose own career choices were changed by 'occupational' injury, gave us an extremely useful and practical way of looking at the spine and its functions and how osteopathy can benefit musicians.

David Lasserson, Classical and Jazz viola player, examined the inter-relation between music and movement and how freedom of movement affects the quality of performance. He also put the spring back into our paces down the corridor, re-learning to walk!

For those who have not done academic work for a while, Professor Malcolm Troup gave us a scholarly, concise and comprehensive exposition on how to organise ourselves for the research needed for our dissertations, how to plan and use our material and the essential requirements for writing our dissertation. (My Medical Law essays would have been easier to write if I'd had this lecture beforehand)

We were taught by example of how psychology can be practically used and discussed how to look after ourselves and be our own best parent in a clear and most useful workshop by Lucinda Mackworth-Young, psychologist and pianist, and had an amusing and stimulating discussion on creativity with some practical testing on ourselves, led by Art Psychology Consultant, Andy Evans.

The final Sunday of the Course included the fun of the Inner Game of Music (by Timothy Galway and Barry Green, Panther Books) demonstrated by *Professor Phyllis Lehrer* (USA) and a clear and logical session from *Professor Paul Lehrer* on the physiology and psychology of the anxiety we all experience as well as his research on biofeedback and breathing and the balance between the para-sympathetic nervous system and the sympathetic nervous system.

And last but not least from *Carola Grindea*, course director and initiator of ISSTIP, whose lifelong passion from her experience as a piano professor, teacher and performer has been UNDOING the effects of tension and bad posture and passing on knowledge gained. She is an inspiration to us all not only because she is such a lively person and practises what she preaches, but because of her immense knowledge and practical experience. Her session on Dystonia with Professor Tubiana and her practical afternoon sessions demonstrated time and again the effectiveness of her 'technique'.

I am learning to "breathe with my wrist" and when I am tempted to slouch I hear "Bosom up! or borrow one".

As to her "Grindea Technique", at those two anxious minutes before a performance, I will not forget several singers' looks of astonishment at the sound of the voice they produced when they had "liberated their body, their larynx and mind" from the previous tensions which had constricted them.

The third ISSTIP COURSE, hosted by the Trinity College of Music in their historic setting in the Old Royal Naval College at Greenwich, in August 2003, was an intensive course of nine days with more opportunities for students to practically interact with many of the previous lecturers and also with some new ones.

Jackie Reiter led us through a practical experience of 'counselling each other' and *Thea Carr*, a voice coach, made Breathing Techniques most memorable as we 'woofed' like dogs and 'shhhhhh-ed' like snakes and made friends with our diaphragm. We learned about actor's problems and considered auditions with *Nina Finburgh* and about 'Music Theatre' studies at Royal Scottish Academy of Music and Drama from professor *Hilary Jones*.

Nelly Ben Orr discussed Alexander Technique and gave a Croatian student her first experience of a "free neck" and we had more time for some general Yoga sessions on breathing from *Catherine Nelson* as well as several sessions at and around the piano with *Penelope Roskell*'s sessions for pianists.

Trinity College professors also provided us with excellent sessions on the Viola from *Nick Pendlebury* and *Stephen Maw*, bassoon player, who brought a Bassoon Quartet to perform and who persuaded us to participate as a chorus of reeds to experience some of the difficulties at first hand.

On the medical front we were privileged to have *Mr Ian Winspur* talk to us about the musicians hand and *Dr John Matthews* treated us to a presentation with examples from his musicians clinic at St Thomas Hospital. We were very grateful to *Dr Boni Ritveld* who came again from Holland and gave us the benefit of his full time clinical expertise in this field, to the practical benefit of especially the two harpists present.

We were also extremely fortunate to have *Professor Earl Owen*, from Sydney Australia with us for four days. Professor Owen trained as concert pianist before becoming a world renowned micro-surgeon. In addition to clinical work and research in hand-transplant surgery he runs a musicians clinic in Sydney and has written articles publicising the plight of musicians and their problems.

He took us on a journey through the physiology and anatomy of the body and muscles, down to microscopic level, as well as guiding us as to how to achieve a healthy functioning while preparing for a musical performance.

He emphasized the difference between the training of athletes in sports medicine and the training of instrumentalists who are using smaller muscles with a more vulnerable blood supply. Pianists and other instrumentalists have to use their fingers as well as their whole arms and the body and Earl pointed out that the thumb and the index fingers alone cover 35% of the cortex (see *Raoul Tubiana* 'Functional Anatomy and Physiology' ISSTIP Journal No 9. October 1998, p.9)

We are now aware of the musicians daily marathons of practice and performance, and how easily injuries can occur, especially as musicians are given hardly any training on the use of their bodies ergonomically.

No aspect of ergonomics were left to chance, as Earl has designed ergonomic chairs suitable for all instrumentalists which are now used by Australian Orchestras.

The musicians on the course with serious medical conditions were grateful for the time to interact with and take advice from our medical lecturers and we were especially indebted to Professor Owen in this aspect as he unstintingly gave his time for consultations during his four very full days at the course, from 10am to 6 or 7pm.

I, personally, have enjoyed the multi-disciplinary nature of the courses with its mix of doctors (from GPs to Occupational Health), musicians (from student to professors), physiotherapists, psychologists and we have used each other to learn.

I have also made use of the videos to watch sessions from previous courses such as the excellent lecture on the problems of Hyper-mobility in dancers and musicians' by *Professor Rodney Graham*, who is a world authority on this subject.

Already I have started to use my knowledge not only on myself and with other musicians, but in some most unexpected places like the dissecting room at King's College Hospital) when the nervous medical student with shaking hands who was clearly holding his breath, or in the evening language class when the teacher came in clutching her stiff painful neck and a bottle of painkillers but went home pain free having learnt to correct her posture (Grindea Technique) and a simple exercise to release the tension in the neck and shoulder.

Finally, yes, my posture has improved, back-ache gone and I can report that my recent performances were less troubled by nerves. Perhaps if I'd known what I do now I might have seriously chosen to further my musical studies as a student. (That would have definitely confirmed my director of studies suspicions as to where all my spare time went)

VIDEOS of most sessions at the three Courses are available from ISSTIP

Excerpts of this article have appeared in BAPAM JOURNAL Summer 2003

ISSTIP Database

Reyhan Rouhany has completed ISSTIP DATABASE of nearly 1000 cases seen at the Performing Arts Clinic at LCMM

This – and the DATABASE of BAPAM Performing Arts Clinic – will prove invaluable to those involved in research into the many and complex physical, physiological and psychological dysfunctions afflicting an increasing number of musicians and other performers.

They will have a clearer view of the CAUSES – medical or due to MISUSE of the body and muscles – as well as of the THERAPIES recommended.

Focal Dystonia in Guitarists

Carola Grindea and Fiona Clarey

M.W.'s Own Experiences – coping with Focal Dystonia

Study of a Guitarist suffering from Focal Dystonia:

4th Finger on right hand curls when playing

Abstract

Focal Dystonia – known as Occupational Cramp – in guitarists and pianists, is, unfortunately, not a rare occurrence. In most cases, the instrumentalist's finger 2, 3 or 4 curls under the palm, the flexor muscles obey the orders from the brain but the extensors do not. I have also worked with two guitarists and with three pianists with the thumb either pulling upward or getting in a cramp.

This condition has been researched by many neurologists and other medical specialists, by psychologists, psychiatrists, physiologists and obviously by many musicians to find out the cause or causes and any possible cure.

There is an enormous bibliography (available via internet as well as in most Music or Psychology Departments of Universities or Music Colleges, in Medical Schools, Institutes and Societies). The need for more up to date information regarding possible therapies is very great since most doctors believe that this condition is very difficult to cure or, in some cases, incurable.⁽¹⁾

At the ISSTIP Performing Arts Clinic at London College of Music and Media (Consultant Adviser Dr C.B.Wynn Parry, Director Carola Grindea) we have worked with 13 guitarists, 34 pianists, 2 acordeonists, 2 violinists (data base available).⁽⁵⁾

Dr Fiona Clarey one of the first UK Trainees Music Medicine Therapists, who is also a good amateur musician (cello, piano, recorder), has been collaborating with me in one particular case which we are presenting in this article.

M. W. – amateur guitarist, who composes his own music which he performs in various public venues – developed Focal Dystonia about three years ago: his 4th finger r.h. curls involuntarily under the hand towards the palm, and he cannot bring it back to original position. He had experienced pains in his wrists and forearms previously and after his doctor (General Practitioner) examined him, he recommended a course of physiotherapy but this did not help his condition.

Introduction

In recent years, there have been some important developments in several centres of studies (Hannover Institute at Hannover Hochschule fur Musik und darstellende Kunst in Germany⁽²⁾, 'Institut de la Main' in France⁽³⁾, and others).

Injections with botulinum toxin have been used with 'marked, albeit transient relief...'⁽⁴⁾ and many specialists agree that 'relaxation techniques and laborious retraining of the musical techniques...' 're-programming the motor/sensory programme'⁽²⁾⁽⁵⁾ have had good results in many cases, with app 30% complete cures and a higher one in partial cures (databases available). They also studied the results obtained by several piano pedagogues who have succeeded in helping pianists through such a programme of re-education; some have been completely cured and back in the profession, others only partially helped but stopped their retraining for various reasons – too slow a process or simply being pleased to be able to play a few pieces in their amateurish way.⁽⁵⁾

There are Dystonia Societies in USA, Canada, UK and the recently established 'Musicians with Dystonia' Society together with 'Dystonia Medical Research Foundation' New York, working closely with medical specialists in the field throughout the world.⁽⁶⁾

ISSTIP – International Society for Study of Tension in Performance – set up the first UK COURSES to train Music Medicine Therapists – which created a great impact both in the medical and musical professions, with app 24 trainees MMT, able to start working in this field as soon as they complete their DISSERTATION (October 2003). There are nine doctors, six physio/ kinesitherapists and nine or ten musicians. Among them, two are pianists suffering from focal dystonia who will study their own cases.

M.W. came to ISSTIP Clinic on 28 June 2003 and agreed to work in open sessions as the COURSE was in full swing. It was very important for course

participants to meet such a case since some may have heard of Focal Dystonia but have not met anyone affected by it and here was a good opportunity to observe the method and the therapy I use.

Method

Liberate the Body and Mind to Liberate the Player

I am convinced that TENSION – physical, mental, emotional – is at the root of most problems which affect an increasing number of instrumentalists and other performers, in spite of the research, knowledge and experience acquired in recent years. I believe that if the causes are studied and taken care of, the condition may also be helped. I am giving here an account of the approach we used in this particular case.

First Session

At the first session, we studied carefully his stance – both standing up and sitting down.

When standing, M. was stooping very badly, the back was rounded, his shoulders brought forward some 5cm. There was a great deal of stiffness in the neck, shoulders, arms and wrists. When sitting down, holding the guitar, there was tension in every single joint and muscle. No wonder that he suffered from some form of tendinitis at first, then, by continuing to play for several hours at a time, misusing his body and muscles, the condition was aggravated and developed into focal dystonia – the CRAMP. When I asked him where he experienced stiffness his answer was: 'Everywhere but I don't know how to correct this'. A correct posture with perfect alignment of bones and muscles is vital in any circumstance and much more so for all performers if the muscular co-ordination is to function unhindered. To correct the posture, while standing up, he was made aware of the shoulder girdle to ensure that the collar bone and the scapula were perfectly horizontal and the arms were hanging freely, without any tension. A simple movement upwards of the

sternum (as soldiers on parade) is helpful:

- ◆ Raise the sternum - this brings shoulders in their correct position, towards the back, not forward.
- ◆ Contract the buttocks (counting up to 5 slowly, then 'let go' slowly counting up to 5, but maintaining the 'upward' posture, with shoulders being gently pulled back, where they should be; this strengthens the lower dorsal muscles which support the spine; it helps to improve posture. (Repeat these five-six times, at least three times a day)

Liberate the body of any physical tensions

Two **Physical Exercises** are recommended to correct the posture and bring some mobility in the shoulder joints:

- ◆ Raise the shoulders as high as possible, hold them - counting up to 3 - then let them drop, very RELAXED. (tension is released in the neck and shoulders)
- ◆ Raise stretched arms (palms facing each other app 30 cm distance): *forward, up above the head* - stretch arms as high as possible; be aware of *perfect alignment of body and stretched arms*; then *stretch arms horizontally*, pushing them, then let the arms drop, RELAXED. (Repeat exercises 2-3 times)

The shoulders are now in their right position and in a correct state. The posture is also greatly improved.

Figs 1 and 2

Liberate the body of any mental tensions

Next step is a **Mental Exercise - The Grindea Technique** - which corrects any imbalance in posture and in the state of joints and muscles in the whole body.

Standing up, with feet app 20cm apart, arms relaxed, hanging loosely. (close your eyes so that you feel 'centred'):

- a) concentrate attention on the spine, *commanding it to lengthen, upwards*, not through a movement but through mental directive. (One should experience that the head is being lifted gently and placed towards the back, bringing head, neck and body in perfect alignment.)
- b) exhale very slowly, whispering 'haaaa' as long as possible; be aware of shoulders lowering and a state of relaxation in the diaphragm area, a great deal of weight flowing in the hands and fingers. Allow the body to inhale and feel the back expanding while the lungs are filled with air.
- c) concentrate attention on knees and ankles imagining them very supple, flexible. One should experience the strange sensation of lightness of body

as if floating. *The body is now in a perfect state of balance* - totally free of any tension in the body and mind. (repeat 2-3 times the whole mental exercise)

Figs 3, 4, 5

The Grindea Technique acts on *physical and physiological levels*, when the body is light, in a balanced state - not relaxed - as it is not possible to perform totally relaxed. It also acts on *psychological level* by bringing stillness in the mind for those few minutes when practising 'the technique'.

Thus, body and mind are free of any tensions.

Relaxation in instrumental playing means "harmonious state of joints and muscles, not total relaxation"

(Tobias Matthay 'The Act of Touch' Longmann Green, 1903)

Once this NEUTRAL (STATIC) Stage has been studied and monitored both by the therapist and the guitarist - and the player knows how to work on his own to maintain this state of balance of body, arms and joints, he is ready to go to the next STAGE - The HOLD of THE INSTRUMENT.

ERGONOMICS - *Interaction between Player and the Instrument* - play a vital role. It is very easy to acquire the state of balance of body in the 'neutral' stage, but to maintain it while practising and performing demands systematic technical and musical training.

- ◆ Sitting down, the player studies his posture and state of body and muscles.
- ◆ Practises the *Grindea Technique* while sitting down to bring the body in state of balance.
- ◆ He MIMES the hold of the guitar. He becomes aware of any stiffness in the joints and realises that this has been the cause of most ills.
- ◆ He learns 'to adapt the instrument to the body', not vice versa, 'twisting the body to fit the instrument'. The body should remain in its correct posture: erect spine, shoulder girdle horizontal, arms hanging RELAXED. There should be NO TENSION - stiffness - anywhere.
- ◆ If using a foot stool or a device to support the guitar (Dynarette, or others) the guitarist must study carefully his posture, maintaining a balanced state of the whole body, with NO STIFFNESS in the knees or legs. Only when the player can hold the guitar with total freedom of tension is he READY to START PLAYING.

The MOVEMENTS should be 'physiologically' correct, in harmony with the body not against it. The player should understand the processes of TENSION/RELEASE which are simultaneous.

Therapy

These preliminary steps are a preparation for the actual THERAPY. It is known that the affected finger functions perfectly well in all other activities, and it is enough for the player to THINK 'guitar playing' and the finger immediately responds, it flexes, curling it under the palm. The order from the brain to bring it back into original state is not obeyed.

(See ISSTIP JOURNAL no 8 and No 9)

M. began his actual work of 're-education' by introducing correct movements, not actually part of the 'guitar technique' but very helpful as he uses a new set of muscles.

- a) learnt to hold the right hand, totally relaxed, hanging from the wrist, all fingers dangling, limp. ('dead hand' as Liszt calls this in his teaching the piano.)
 - b) placed the relaxed hand, flat, on the table - level with the table surface. To his surprise, and to ours - the fingers were all flat, open and relaxed.
 - c) Raised the hand, RELAXED, then placed it on his lap; back on the table - then on his lap; He repeated this 10-15 times making sure that fingers were hanging loose, dangling
 - d) Increased speed; repeated movements 10-15 times, as fast as possible.
- THERE WAS NO CURLING OF FINGER.

Practised the exercise with the guitar; First on the back of guitar:

1. Tap with flat palm; raised relaxed hand hanging from wrist (repeat ten times)
 2. Hold the guitar: be aware of correct posture, head 'sitting' relaxed on the last vertebrae (think FREE NECK)
- NO TENSION in the neck, shoulders, arms, elbows hanging relaxed, wrists flexible, fingers relaxed on the strings.

Fig 6

Right hand, totally relaxed, ('dead hand' position) 'strums' the strings downwards, with back of fingers and nails; immediately returns to initial state: relaxed hand, hanging from the wrist, then flat - resting on the strings. (Hand FLOPS, with flat, relaxed fingers)

Thus:

- a) *Relaxed hand (dead hand)*
- b) *strum strings with all four fingers*
- c) *relaxed hand hanging from wrist*
- d) *'flop' silently, the relaxed hand resting on the strings.*

REPEATED EXERCISE many times (10-15 times) making sure that the relaxed state of hands and arms continued.

NOT ONCE DID THE FINGER CURL.

Figs 7 and 8



Fig 1

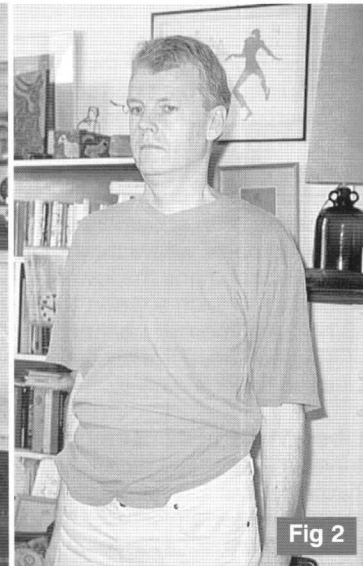


Fig 2



Fig 3



Fig 4



Fig 5

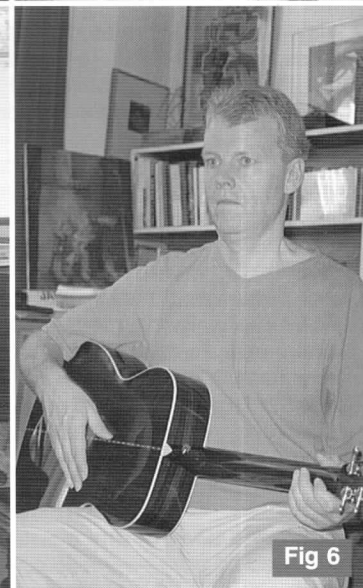


Fig 6

Second Session (one week later)

This was conducted at the Course, the participants observing the procedure. The guitarist on the course – trainee Music Medicine Therapist – remarked that this particular exercise was not part of the 'technique of guitar' playing. I pointed out that this was the only exercise which could help the condition at this stage.

At the first session we worked on the 'de-programming' of the 'brain patterns'. At the second session we were able to start the process of 're-programming' of the motor/sensory system, with movements which use different sets of muscles, avoiding the 'old' groups of muscles to play the instrument.

M. was now confident to dare playing in front of the whole class without worrying about the finger curling. He demonstrated the exercise using first all four fingers together, then one finger at a time – with no difficulty what-so-ever. He then played a few bars of one of his pieces, the 4th finger behaving very well.

Third Session (one week later)

F. suggested to try the 'correct' movement, 'plucking' the string, the movement being reversed:

- the relaxed hand is placed flat on the sound-board,
 - pluck the string with one finger while all other fingers remain RELAXED, dangling
 - immediately bring the relaxed hand in 'dead hand' position.
- Repeated the exercise several times: plucked string / relaxed hand almost simultaneously; increased speed, the movement becoming ONE.
Thus: *pluck string with relaxed finger / relax the whole hand.*

M. was able to play several short pieces, he greatly enjoyed his new approach, with correct posture, there was a 'feel good' physically and psychologically, as his confidence was there to stay.

Both F. and I were monitoring the movements. We have been concentrating on his use of the right hand and have

Figs 1 and 2
Stretching Exercise resulting in Good Posture

Figs 3, 4 and 5
'Grindea Technique' correcting imbalance in posture

Figs 6
Correct hold of instrument

neglected his left hand, once he learnt to hold the guitar with no stiffness.

We realised that the thumb on his left hand was tense when holding the guitar with too firm a grip.

He understood immediately how to hold the guitar with a 'limp' thumb without pressing firmly.

Fig 9 and 10

It was interesting to note that M. was now able to respond well, almost immediately, to any new directives. His muscular co-ordination gained new freedom thus all new movements were accepted immediately, without any hesitation.

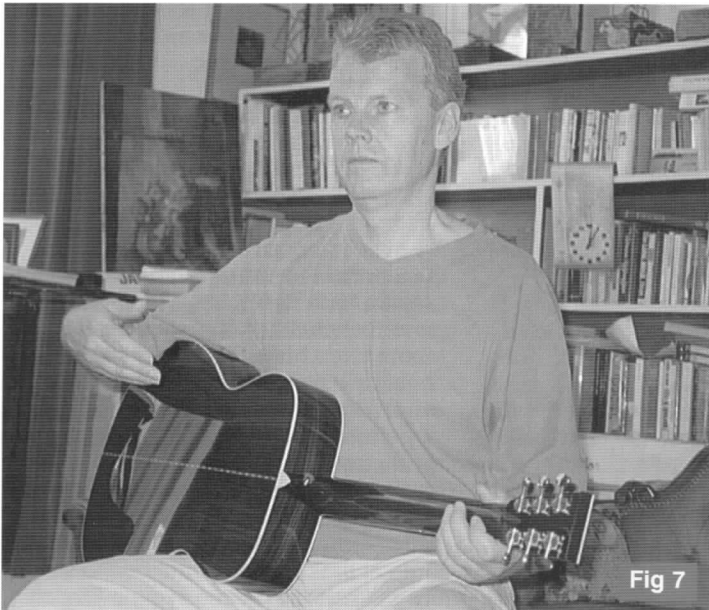


Fig 7

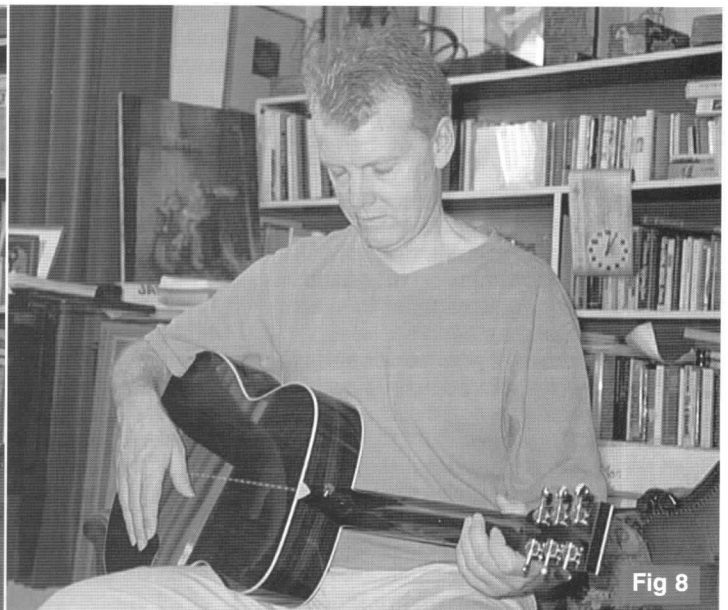


Fig 8

Fourth Session (28 July 2003)

M. arrived very happy, having worked diligently the whole week doing the physical and mental exercises, practising the movements which he found so helpful. He has been playing his pieces and was very happy about his new approach to playing the guitar. But he realised that only through SLOW practising he will reach a total cure.

Fiona and I observed his playing and actually we were both very impressed with M.'s extraordinary response to our demanding directives in search of a cure for this devastating condition.

It was very important that this 'happy state' in the therapy should last.

M. told us that he had become aware of the finger curling when he uses the computer at the office typing for many hours. He realised that he must have aggravated his condition, not only playing the guitar but also misusing the body when typing at the computer. He demonstrated how he uses the keyboard and only then noticed how much stiffness he created in the wrists – *which was the cause of the focal dystonia originally.*

He realised once again that unless the wrists are flexible whatever he was attempting to do – playing the guitar or using the keyboard – his condition will return.

It was interesting to note that he knew how to use wrists and arms when playing the guitar but it never occurred to him to maintain that state at the computer.

I then tried to help him further so that he could play with greater freedom of movement. The sound he produced was



Fig 9

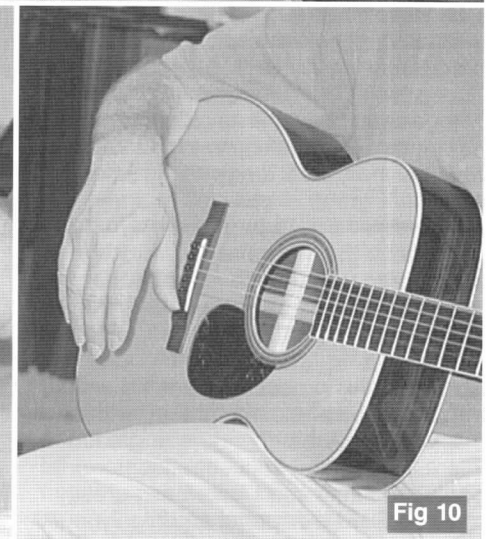


Fig 10

Figs 7 and 8
Playing with relaxed hands and fingers

Figs 9 and 10
Incorrect and Correct, Relaxed Thumb

rather pale, lacking variety or colour but I thought this was due to having learnt only from various Guitar Tutors and Manuals, as he was self-taught.

Freedom of Breathing

The next and our final stage was concerned with M. becoming aware of the importance of freedom of breathing when playing. The Grindea Technique uses EXHALATION as part of the therapy.

M was doing all the exercises with ease but the moment he started to 'perform' he tensed the muscle round the mouth and jaws – thus he was not 'breathing' freely with the music. He was concentrating so hard on the movements of his hands and fingers, and so did we, Fiona and myself.

It was only at this stage in the therapy that we were able to assess and monitor objectively M.'s playing now that his dystonic condition did not interfere with his musical intentions.

I suggested to keep the lips slightly parted – thus he HAD TO BREATHE with the music.

At first, he found this rather disturbing and difficult to maintain. I then asked him to 'hum' the tunes while playing, then gradually he had the courage to sing the tunes loudly. After all, he was playing his own music which he surely heard it in the inner ear. He managed to keep going, singing on top of his voice. To his – and our astonishment – we heard a sonorous and vibrant sound coming out of the instrument. His excitement was infectious.

This was very helpful in more than one aspect to assess the value of the therapy.

a) When breathing with the music, the breath is sent inside the body, acting on

the diaphragm, relaxing it, and it also 'flows' along the arm INTO THE hands, fingers and into the strings, which vibrate with greater intensity creating a warm, beautiful sound with richer sonority and more volume.

Our task was completed. M. is able to play without CURLING his finger, he acquired a new 'persona', more confident and really enjoying his music making. He has conquered his dysfunction which has been so disturbing for years, trying harder and harder to play his beloved instrument.

Conclusion

In conclusion I would like to emphasise once again that in this particular case of Focal Dystonia – as well as in those which I have worked with – good results have been achieved through the processes of 'de-programming' and 're-programming' of the motor/sensory programme.

The guitarist is not thinking 'fingers' but he directs his attention on to the 'wrist' which is the 'player's new tool'. He uses a different group of muscles for the movements needed to play the instrument, the muscular co-ordination is unhindered now that 'the flexor AND extensor muscles obey the orders from the brain'.

Above, all this processes demand perseverance and a trust that ultimately this slow, really hard work, with great interest and intent concentration is worth pursuing. Fiona and I have been greatly rewarded by M.'s careful and highly organised study.

Obviously, he was greatly encouraged by the great changes in his approach to playing the guitar after the first one or two sessions, that he just practised with extraordinary care – his progress continued from one week to the next.

M. is now able to control the movements, his confidence has been restored and he actually enjoys his playing more than he ever did.

It is important that these new movements and approach should gradually become 'conditioned reflexes', part of the 'automatic pilot' in the guitar technique. Therefore it is recommended that he should continue to practise slowly being constantly aware of the state of muscles and joints in the playing apparatus and only gradually increase the speed as the balanced state of arms and wrists must be maintained throughout practising and in performance.

I would like to thank Fiona for her valuable suggestions and comments in this our first collaboration.

Finally, Fiona and I would like to add that working with M. has been a very rewarding experience.

What can be more gratifying than being able to help fellow musicians?

Carola Grindea FGSM

Director ISSTIP Performing Arts Clinic at LCMM/TVU Course Director

Dr Fiona D.G. Clarey MB BChir MA DRCOG MFFP.

Trainee Music Medicine Therapist

Photos F. Clarey

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MW's Own Experiences

How It Started

After some years of working mainly on my own compositions I decided in mid 2002 to re-learn some old pieces to prepare for a particularly long solo performance at a wedding reception (about three hours!) I started to get aches and pains in my forearm, wrist and even my upper arm. The ache in my right inner forearm started after just a few minutes playing. I went to my doctor who referred me for physiotherapy but the stretching exercises did not help. After doing some research on the internet I thought the problem could be the size of my guitar. I had been playing a Gibson J-200 for over 20 years – this type of guitar is not normally recommended for 'fingerstyle' as it is too big (it's even bigger than a normal jumbo-sized folk guitar!)

I tried out some small-bodied guitars in a music shop and it was immediately apparent that the aches and pains did not occur. I traded in my guitar for a new small-bodied one and carried on playing as before, thinking I had found the answer. After a few months the aches and pains had gone; however one problem remained and did not seem to be improving.

The 3rd (ring) finger on my right hand seemed clumsy, sometimes missed the string and after plucking it I could not pluck the string quickly again. I could only play the string hard, not gently. I began to realise that this had been coming on for some years and I had subconsciously been adapting my compositions to accommodate this (i.e. mainly by avoiding use of the 1st string.) I watched the 3rd finger while I was playing and realised that after plucking the string it was not returning to its normal position, but instead tensing up in the curled-up position. I went back to the physiotherapist but he could find nothing physically wrong and suggested that I contact the Performing Arts Clinic at the London College of Music and Media in Ealing.

The Sessions

I got in touch with Professor Carola Grindea, Director of the ISSTIP Performing Arts Clinic at LCMM. At the first session with Carola Grindea, she asked me first to show how I hold the guitar and I was made aware of the stiffness in many parts of my body – the neck, arms, hands, fingers and in all the joints: shoulders, elbows, wrists. She then asked me to MIME how I hold the

guitar and I noticed again how much stiffness I created EVEN without playing the instrument .

To understand this point she made me walk for a while with stiff ankles and knees – and asked ‘how long could I walk like this without damaging the whole body’.

I realised what this MISUSING of my body and muscles had caused but I thought that because I was self-taught I developed these faults.

- a) we worked on ‘how to liberate the body and arms of all this stiffness’ to be able to use the arms and hands in a freer way. We did two exercises: raising the shoulders and letting them drop, relaxed, and swinging arms and stretching them, which I found very helpful, they released the tension in my neck and shoulders.
- b) I was introduced to the ‘Grindea Technique which is a ‘mental exercise’ – and this greatly helped me with my posture. I have been stooping all my life as I am rather tall (6 ft 2) and I bend my body to be like other people.

It felt most unnatural when I adopted the new posture, as if people would be looking at me wondering who this chap was striking such a strange pose! However the technique takes only a few minutes and I was struck by how quickly it improves the posture, albeit that I could not maintain this position. However, after continuing daily repetitions I now find that I can assume a better posture (doing the Grindea Technique as often as I can). This can be useful at work, for example, because I spend many hours at the computer.

I think this is important because it shows that the improved posture is becoming more natural and I now feel there has been a permanent improvement.

We then went on to apply similar techniques while sitting down to play

the guitar. At this point I was surprised to find that Carola was able to identify areas of tension in my body which I was not even aware of, as well as providing the means of relaxing them. I have used this experience to be more observant, make myself more aware of tension in the joints and muscles and, if necessary, stop what I am doing and relax the muscles.

It was only at this stage that I noticed that I was still very tense when using the PC.

Dr Fiona Clarey came to the Second Session observing how I was playing the guitar. Carola helped me first to learn HOW TO RELAX THE HANDS ‘hanging freely from the wrists’ (she calls them “dead hands”). The fingers then dangle limp, and there is no curling of the 3rd finger. Fiona asked me to do an exercise strumming the guitar ‘upwards’ with a flat hand then immediately returning to the “dead hand” position. It seemed strange at first but I soon realised how beneficial it was, particularly when Carola suggested that I should ‘pluck’ the strings using a wrist movement, then immediately return to the very relaxed position – ‘dead hands’.

It seemed odd to be doing exercises which were not directly related to playing the guitar. However, while I have no medical knowledge, the need for relaxing the muscles and ‘re-training the brain’ to ‘release the finger’, seemed to fit in with my own observations.

Certainly my old way of practising the instrument did not work.

In the 3rd session we worked on tension around the mouth (again I had not been aware of this) and releasing it by singing or breathing through the mouth. Carola and Fiona reminded me that the *Grindea Technique* uses slow ‘exhalation’ as an aspect of the therapy. They made me aware of the liberation ensuing through these long exhalations especially in the diaphragm area (where

we experience all our emotions) and also how much it relaxes the face when ‘exhaling slowly with mouth slightly open’.

I still find this difficult as I tend to forget as soon as I concentrate on my playing. I have never sung while playing owing to my terrible singing voice, but I may have to do this since this really helps my progress. I am now able to play slowly without the finger curling up.

On the 4th session I found that there was even a greater improvement when playing while singing.

Carola made me realise that when ‘playing while singing’, I was ‘breathing WITH the music’ and this creates an extraordinary and sensitive connection between my body, the music and the guitar in a rather strange way. She also pointed out at the really different, richer sound that I was producing explaining that ‘the exhalation sends a quantity of the arm-weight through the relaxed arm into the strings’ and this subtle process adds extra dimensions to the tone and to the whole range of sounds.

I do not understand really how this happens, but it certainly creates a ‘freer’ way of performing.

Although both Carola and Fiona insist that I should practise and play only slow pieces for a while, until my playing becomes ‘automatic’ so that I can concentrate on my music, I occasionally try to play some faster pieces. The finger remains curled after plucking the string, but it is very noticeable that it feels quite loose, it does not tense up and I find it quite easy to pluck the next note.

This is a definite, tangible improvement after only one month and a half, and this gives me confidence that if I continue with the exercises and playing slowly and only gradually increase the speed I can in time overcome this problem completely.

New Courses on ‘Health and Musicians’

are planned to be included in several Music Colleges for the First Year Undergraduate Students. This new development is a follow up of the highly successful COURSES initiated by ISSTIP to train Music Medicine Therapists.

RCM, RNCM, have already started the courses while RSAMD, TCM are in the process. LCMM has been involved in this project for many years with the **Performing Arts Clinic** weekly sessions and in **2002-2003 organising the first Two Courses in the UK for Music Medicine Therapists.**

We hope that all Music Colleges and other Institutions will follow suit – thus PREVENTION will result.

Musicians' experiences of a career-threatening, playing-related injury, their recovery and return to performing

Dominique Royle MSc, MCSP, SRP Physiotherapist

Aim

This paper is based on an MSc dissertation completed in April 2002. The purpose of this qualitative study was to explore the experiences of a group of 8 musicians who had had a career-threatening, playing-related injury and subsequently recovered. As a physiotherapist specialised in working with musicians for over a decade, I was particularly interested in what aspects musicians themselves perceived as significant in their recovery, and what could be learnt from this.

Background

Most studies to date on musicians' injuries tended to have focused on the epidemiology and the medical management of them and so are taken from the relative success of a therapy/intervention slant (Royle 2002).

Few studies however, focus in depth on the musicians' perspective of their experiences of a playing-related injury and how they dealt with it. Recent research on chronic pain i.e. pain persisting for longer than 3 months (Waddell 1998), indicates that the psychosocial or non-physiological components of a chronic pain problem, provide a greater predictor of chronicity than the physiological causes (Watson, 1999 and 2000, p85). Listening to these musicians' narratives, inspired me to explore further what recovery meant to them and so question whether or not concepts of recovery in general could be redefined in the light of this.

One of the main principles underpinning the philosophy of pain management of musculoskeletal problems, is to educate patients about their condition, to improve their understanding and so enable them to become "active problem-solvers" in coping with their pain. (Harding & Watson 2000, Gifford 1999). In other words the aim is to facilitate their potential to "mobilise their own inner resources" to help themselves (Peitipas et al, 1996, cited in Sparkes 1998). For as Harding & Watson state; "Education is a cognitive event: the giving of information which, it is hoped, will then lead to a behavioural change, with the application of new knowledge to relevant situations" (p622). As physiotherapists are involved in treating many such patients, these studies emphasise the necessity for physiotherapists to develop

a greater awareness and understanding of these issues, to manage musculoskeletal problems more effectively and facilitate the recovery process (Harding & Watson, 2000, Klaber Moffet, 2000, Watson, 1999). This is also advocated in the concluding remarks of numerous studies on sports injuries (Ivleva & Orlick 1991, Hardy et al, 1996).

The psychosocial consequences of a playing-related injury

Many musicians start playing an instrument from the ages of 6-10 years old (Stern, 1998, Wynn Parry, 1998a). So when they start University or Music College, as Ostwald calculated "a 22 year old violinist giving a concert debut will have studied more than 15,000 hours to perfect motor skills and musical understanding" (1994, p48). This meaning that they are already highly skilled in the use of bimanual, complex, coordinated, precision movements performed at rapid speed, sometimes up to 25-30 notes per second (Toubiana 1998).

Once these students become professional musicians, they are mostly self-coaching, evolving their individual physical and mental practice habits unlike many established athletes and dancers who have a coach to train and support them in maintaining their peak performance skills (Cross & Lyle, 1999, Koutoudiakakis, 1999, Wynn Parry 1998a). Musicians are generally highly motivated, investing many hours practicing and perfecting their techniques, to develop a technical freedom of playing. As Toubiana (1998, p10) states, this allows the musician to concentrate on their performance "... on the timbre, tempo, rhythm, and emotion, all these personal aspects which define the artist".

Being faced then with a potentially career-threatening injury, can be devastating for musicians (Altenmuller, 2000), as for dancers (Koutoudiakakis, 1999) and athletes (Sparkes 1998, Hardy et al. 1996). However, such events can act as major turning points or 'epiphanies', which are "... Interactional moments and experiences that leave their mark on people's lives. They are often associated with moments of crisis that shatter a person's life and alter its fundamental meaning structures" (Denzin 1989,

p 70-1). Denzin, adds that "their effects may be positive or negative" (1989, p 70-1). Moustakas refers to these as 'Symbolic Growth Experiences', for they create shifts in an individual's attitude to their sense of identity and the selfhood from which one grows (Moustakas, 1990, p99).

Use of narrative for portraying individual's experiences

Narratives, were an appropriate medium to use for this study, as it was not only the participants' perceptions of their experiences, but also how they made sense of it, by the stories they told.

Frank states (1995, p53) that people's stories of their experiences of illness and disability help to "*repair the damage that illness has done to the ill person's sense of where she is in life and where she may be going. Stories are a way of redrawing maps and finding new destinations*". To understand any similarities and differences, spanning these eight narratives in this study, it was helpful to bear in mind Frank's comment; that "*the stories we tell about our lives are not necessarily those lives as they were lived, but these stories became our experience of these lives and so this in turn can mould and change the stages of those lives thereafter*" (Frank 1995, p62).

People tell stories as a way of making sense of their experiences (Denzin, 1989, Baumeister and Newman, 1994, Bruner, 1990, 1996). How "patterns of thought" and interpretations are made by an individual, in constructing these stories, has become the subject of increasing research into the use of narratives and for gaining a greater understanding of people's experiences. However, in order to make sense, Roberts observes that "*...we can select and sift our experiences while we re-interpret the past...a re-ordering of events may take place and new meanings attached to experience, in the process of recollection in later life...*" (Roberts 1999, p21)

Validity in narrative studies

However, the influences of the "past" on the "present", is in turn shaped by memory. Roberts remarks however, that memories can be suppressed with "periods of life being omitted, shortened or distorted, or events given a change in

emphasis and meaning" (1999, p21). In the light of this, how can one determine the validity of narrative as a basis for this study?

Sparkes counters this when he argues that (1992, p35) "...truthis what we make it to be, based upon shared visions and common understandings that are socially constructed". When considering meanings, there are those which are interpreted by the narrator of their experience, but these meanings are then interpreted by the researcher. Sparkes argues that as there are many truths and many ways of interpreting meanings. Validity is ".....enhanced by a diversity of views that overlap...." (Heron 1988, p244, cited in Sparkes 1992 p35). Validity is reflected in the research conclusions being coherent with each other but also in consistency of agreement by other inquirers.

Method

Eight musicians volunteered to participate in this study:

- ◆ Five male guitarists
- ◆ Three females, two of whom were cellists and one a viola player

Five of these musicians lived in the UK and three lived abroad, with varied access to healthcare systems.

In-depth interviews were conducted face to face with one participant and the rest by telephone. Each interview was audio-taped with the participants' consent. The data was then transcribed and sent back to the participants for verification, before analysis using phenomenological reduction (Cresswell 1998, Moustakas 1990, 1994, Denzin & Lincoln, 1998 a & b).

Analytical frameworks used for interpreting the results

- ◆ Several Studies and analytical models were considered but most had their limitations and were not suitable
- ◆ There were no models discovered in the time constraints available for undertaking this study, that were specifically based on how musicians cope with injury and recovery

However, two studies provided an inspirational and initial framework:

- 1) Sparkes' biographical study of an elite athlete whose horse-riding career ended as a result of a spinal tumour. He explored her experiences of her injury and afterwards, in a succession of interviews over a two year period (Sparkes 1998).
- 2) Frank's study described in his book "The Wounded Storyteller" based on patient's experiences of chronic illness, predominantly cancer (Frank, 1995).

For this study, however, I considered the musicians' playing-related injuries as an

impairment, rather than an illness, for these injuries arose specifically from the way they played their music. However, the impact of these injuries was influenced by both psychological and external factors present in their lives at the time of their injury.

Frank identifies 3 narrative types that characterised patient's responses:

1. Restitution phase

This describes the traditional western biomedical model, with patients adopting a more passive role, characterised by patients consulting a doctor or therapist for a diagnosis and subsequent prescribed cure for their problem, to make them better.

2. The Chaos phase

This is characterised by a bleaker, pessimistic outlook...The individual being immersed in the immediacy of their suffering and pain, perceives that things will not get better and things do not make sense. This phase becomes more a question of surviving this experience rather than being able to make sense of it, something that may only be understood later, once out of this phase.

3. **Quest phase** The individual adopts a more proactive stance, becoming responsible for their recovery and "meeting suffering head on". Many see this as embarking on a journey.

Analysis

Although there were differences and variations in each individual's story, five main themes common to the whole group emerged:

1. The period of despair and devastation during the time of injury and non-playing and the subsequent search for 'a cure'.
2. Developing a greater awareness and insight: of their individual nature, their problems and how to resolve them...

This also helped to address the following two issues:

3. The central role of music in their lives, as being part of themselves and their identity and the importance of musical expression as a means of communication.
4. Perfectionism and expectations of high standards of excellence.
5. Developing a positive attitude towards their recovery, turning a negative experience into a positive one.

This helped to:

- ◆ Motivate and sustain them through their recovery
- ◆ Accept and accommodate any subsequent limitations
- ◆ Make changes and affirmations regarding the extent of their recovery

However, a fascinating finding from the study was how these five emerging themes interwove with and animated

Frank's narrative types. For example Frank's 'Chaos' and parts of the 'Restitution' narratives were characterised by the first theme of despair and devastation:

Chaos phase narratives

"It was a tremendous pain, that stopped me from playing. I realised that something was wrong, but I did not want to believe it ...I could not identify whether this was due to inactivity or playing too much. I became scared and so went on playing, the pain didn't decrease, it kept increasing....I was frightened that I had damaged my arm seriously and that it was something that would not get better and that I would not be able to play again....It was a tremendous blow....to all my hopes dreams and aspirations. I became frantic, trying to salvage myself, my career, in order to fulfil my dreams". (Ida, classical guitarist, wrist 'tendonitis')

Vladimir felt that the healthcare professionals' inability to resolve his problems merely amplified them :

"It was very stressful, I mean that it really felt like the end of the world. I was going from one doctor to another and trying different therapists and therapies...none of the doctors that I visited at the time, knew or had any idea of how to deal with musician's injuries. . (Vladimir, classical guitarist focal dystonia).

Restitution phase narratives

Although medical and therapeutic interventions have been highly successful for many musicians, for this group, they were generally regarded as unsatisfactory or inadequate. This implying that their problems were not resolved inside the traditional western restitution model. It may be that their conditions were not readily amenable to the therapies available e.g focal dystonia (Byl et al, 1997). A typical story being:

"Well, I was very determined to get to the bottom of it. I decided to sort of 'blitz' the problem and I saw osteopaths, physiotherapists, all manner of things ...I saw so many people ...naively in the hope that somebody would have 'the answer' which of course, never materialised. I suppose you put a lot of hope in these people who have these titles after their names ..." (Valerie, viola player.)

Quest Phase Narratives

What became increasingly interesting in this study, was how these musicians managed to then recover, as for all of them their problems were not resolved within the restitution model. The other four themes emerging from the study all converge into Frank's 'Quest' phase. Each musician began to look deeper within themselves to gain a better

understanding of their problem and how the problem came about. In doing so, they all began on a journey to tackle and 'meet their suffering head on' (Frank 1995). However, what each of their stories revealed, was that the more time they spent searching for a solution, the more that they had to delve deeper into themselves and uncover latent elements of themselves and their past, to identify factors that they believed were causal to their injury. This then enabled them to make necessary changes not only to their playing technique, but also their attitude to their music-playing and themselves.

A more dynamic 'hour-glass' model was then shaped during the study, in which a symmetrical process appear to occur; the more the individual had to explore within themselves to gain a better understanding of their injury, the greater their quest This implies that for them, the process of recovery involved not just the physical healing of an injury but also understanding how and why it happened, so having a more holistic perspective.

"Well, it's the process that happens on every level. If I was going to take responsibility for my injury and ultimately my life choices...I had to gather understanding on all those levels at the start of the healing process, so it wasn't just a physical healing. So that is why I took the time off, didn't have surgery and why I didn't start playing again. I felt that it was really important to honour it as a long process and that it wasn't something that could be rushed because it was happening not just on a physical plane but on every level of my being... and I trusted that I would play again when I'd actually crossed the bridge on all levels".
(Sarah, cellist)

Frank states (P117) that "As the ill person gradually realises a sense of purpose, the idea that illness has been a journey emerges recursively...". Vladimir illustrates this in recalling:

"It took me years to think that the problem was within me because I thought that the problem was in my tendon or nerves, and that I would find a proper solution. I was trying hard to find a solution that wouldn't have to do with mets only when I started to think of the problem in a different way and started to accept the fact that I wasn't going to play like I had before and that there was more to it than just an organic physical problem...from then on things started to change for me..."

The main issues emerging, to be addressed during the recovery phase, are three of the common themes mentioned earlier;

1. Developing awarenesses and insight into: themselves, use of the body and their injuries.

Vladimir learnt this in a painful but powerful way:

"The way you play, technically, is how you express yourself for some-one else to feel and respond to it. So an injury that occurs from playing is what you are. Focal dystonia is a very complicated mixture of a total of what you are, ever since you were born. I have learnt through all this, that I am not just fighting to deal with the injury but also myself, which is very painful."

Whilst Archimedes found that it was not enough to be physically relaxed, he needed to learn how to relax both emotionally and mentally.

"Basically, everything has to do with a peace within yourself....If you have all the frustration within you, even if you do Tai Chi... If your mind isn't relaxed, it doesn't work, for it has to be both physical and emotional to make a difference..." (Archimedes, guitarist/composer)

2. Music being central to their lives and part of their identity

Many musicians begin learning their instrument at an early age. By the time they reach adulthood, they have already spent many hours of their lives invested in playing music. Being a musician is not only a way of life, involving friends and social support, but also about identity, as Chris comments:

"Playing is such an expression of you. Being a musician is a part of your life, you can't separate the two. It's almost as, half of you is not there if you can't play..."

This big investment of themselves in their music, coupled with the impact of an career-threatening injury, therefore can have devastating consequences for them. Vladimir offers a good example:

"I realised that music for me from an early age was much more than just being a musician, it was a way of survival... a very big portion of my playing was devoted to trying to compensate for all the things that I did not have as a child ... when I got my problems and couldn't play, it was the end of the world... this was strongly projected into my music and all this created a tension in me. I was tense psychologically, my muscles were tense... I believe that somewhere upon this road, one part of this chain, which is in me, just broke... that part being my hand...for the whole system, that is me psychologically, physically ... me everything...just couldn't endure the pressure"

Ida similarly recalls coming to England and studying to be a musician, fuelling all his hopes and dreams:

"This was in the context of me having come from a background being a young boy from a village outside Istanbul and then coming with my family to live in England 'to make good'. I had always wanted ...to distinguish both myself and my family. I was aware of this and that it created a pressure on me but it was also a motivating factor ...It caused me to practice in a demented way for 10-12 hours at a time"

Several musicians commented on the vulnerabilities of being a musician, exposing oneself in the 'raw', particularly when playing on stage:

"...if you make a mistake, it is immediate...it's your responsibility...it is more psychologically hurtful, for it is a direct reflection on you (Ali, guitarist, composer)"

3. The importance of musical expression for communication

Many comment on the importance of musical expression in communicating their creativity, emotions and love of music. Archimedes, threatened by the possibility of his injury recurring, thus potentially blocking his means to express his emotional worlds, felt it prudent to develop other forms of musical expression, mainly composition, to insure against this.

"Not being able to play, is like having your lines of communication for your expression cut off. For playing unconsciously makes you communicate with your inner world. I've found two ways of expressing my emotions (in both composition and performing). When you have other outlets for expression, you don't consider an injury as the end of the world. If... I broke my arm I'd still compose, with the other arm. As long as my mind works, I could still always, all the time create my own world"

As musical expression was important for all respondents, following their injury, changes were made, opening some of them up to other forms of musical expression. Ida, Archimedes, Vladimir and Ali have all moved more into composition. Chris chose to do more conducting, learning the theoboe and lute for ensemble playing, so preferring this to solo playing. Vladimir and Sarah both discovered the freedom of improvisation, and experimenting with jazz and traditional music, to play more spontaneously, relaxing the more rigid classical music approach:

There are several observations on the limitations of the classical music establishment, with its emphasis on

technique and perfection at the expense of the musicians expressing their individuality in interpreting a piece of music. The restrictions of classical music training, as perceived by many respondents, form part of the category below of unresolved issues that were subsequently addressed following their injuries.

4. Perfectionism and expectations of high standards of excellence

This category fell into two sub-groups:
a) Extrinsic pressures: generated from music colleges, peers, family and the music establishment itself:

Several condemn this culture that demands such high expectations at the expense of individual creative expression, and the pressures imposed upon a musician:

"Classical musicians are expected to become some sort of technical machine, very cruel and demanding levels of standards and expectations are imposed upon them ... So as a small boy, I was expected to play to perfection without making a single mistake ... (Vladimir, guitarist & composer).

b) Intrinsic pressures: generated within the individual:

Several participants realised, post-injury, that they were pushing themselves to extremes, either by playing too complicated a repertoire or as Ali calls it 'over-reaching' :

"I pushed my body beyond its learning capability at the time. ... I think why all this came about is that my body reacted to it... I have a feeling that this a reason why one becomes dysfunctional... it is to do with one's attitude... when I did my debut concert... I did all the most difficult guitar pieces that I knew... because I thought that to be good, one has to play difficult pieces ... so I kept wanting to overreach... It really needed a change in my attitude..."

Sarah, in overcoming the pressures of perfectionism, discusses the destructiveness of its counterpart failure, when things fall short of it:

"I was just striving to be this perfect everything, because of the pressure of my upbringing. It was a bit of a crash obviously, because I clearly wasn't, despite my efforts ... And, the other thing is that you get to know who stands by you in your imperfect state.... Well.. I'm not scared of imperfection... now ... I was terrified... I was crippled by fear of imperfection before. And... I literally probably did cripple myself by having the injury... Going back to the injury ... I think that's the beginning of

accepting yourself as an imperfect being ... Performance isn't a perfect jewel. It's a series of risks and a series of making yourself vulnerable and showing your imperfections..."

5. Positive approach to recovery: turning an negative experience into a positive one

As demonstrated by numerous quotes, these musicians have all shown a positive and motivated attitude towards their recovery, manifested in various ways. Firstly, having the courage and insight to believe in themselves and not be swayed by negative advice as Sarah remarks:

"I think that is partly because I listened to myself... There's lots of information that can crush your spirit, and it's very hard to make something positive ... I encountered a lot of negativity, from some colleagues and certainly from fixers... and I just chose to deflect it."

By developing greater insight and awareness about themselves, their attitude to music and their physical capabilities, this enabled them to accept and accommodate their physical limitations. Anna's concluding remarks were that *"it is about having problems and then trying to solve them... Having pains is a reminder to me that I am doing something wrong and so have to change something.. You start searching for answers, so that one can learn to do something in new and different way"*.

Frank observed (p133) that "quest stories practice an ethic of inspiration. Humans need exemplars who inspire. Their stories show what is possible in impossible situations..." for as Sarah points out: *"...we're always best at teaching, what we've had to struggle to learn ourselves..."*

Frank's (p115) refers to the concept of "automythology" illustrated by the metaphor of the "Phoenix, reinventing itself from the ashes of the fire of its own body..." For as he states (P123) it "fashions the author as one who not only has survived but has been reborn. This is born out of "being open to crisis as a source of change and growth..." (P126). An example of this is Sarah's concept of improvisation as a metaphor for her recovery :

"If you have an injury, you have to improvise... because what you planned is over... that is the first big improvisation, really. I played the cello and now I can't play the cello... now I have to improvise with my life. So... it can be taken to be a huge leap ... And you do... you get through... you improvise. And, you actually find that it creates amazing things from nothing... from not planning... from space... from actually, just waiting ... until something moves within you"

Finally when asked whether recovery, both emotional and physical, was judged full or incomplete, Sarah feels that she has "more than made a full recovery" and captures how all the others felt about their recovery: *"I mean I have done much more than gone back to where I was. I've gone much further ... So in a way it is more than a recovery, it's a transformation. It's not going back to where I was before ... I've moved on, on a lot of things"*

Discussion and conclusion

All participants, believed that their quest phase represented the most significant and positive part of their recovery. Many felt that they have learnt through their experiences, this being an "ongoing process of change".

Possibly as we live in a quick fix culture, where over the counter remedies are readily bought and one can make appointments with a variety of specialist interventions, we rarely have to delve into the depths of our own resources for solutions to some of our physical problems. As illustrated in these narratives, it seems that one is driven to penetrate these depths, when these remedies and interventions fail. Yet this huge potential could be further explored by therapists and doctors to develop appropriate skills for enabling patients to access their own resources for healing themselves. Several musicians remarked that rather than there having been one critical moment or 'turning point' that this *"...was more of a gradual process interspersed with lights of insight along the way."* As therapists and doctors how can we expedite these lights of insight?

Assumptions

One interesting finding highlighted assumptions that I and possibly others may have is about the notions of recovery and what it means. Before this study was undertaken, I had not given much importance to the breadth and depth of individuals' interpretations of their concept of recovery. For all participants, recovery meant far more than the physical healing of an injury. Even if they had not made a full physical recovery, almost all, felt that their playing had improved more in a musical sense than a technical sense, which has enabled them to better express their creativity, emotions and individuality. A question then arises - what defines recovery? The concepts of injury, healing and recovery are generally defined in physiological terms or in the case of mental health problems, in psychological terms. However finding definitions that encompass not only physical, but emotional, mental, spiritual, and functional aspects is more complex, particularly as non-physiological aspects of recovery are not easily measurable or quantifiable. Most of the articles reviewed

for this study, define recovery in terms of an individual's capacity to return to normal health and function (Carr & Shepherd, 1995, p32), either as perceived by the doctor or therapist, or in relation to the success of an intervention or rehabilitation (Royle 2002). Carr & Shepherd regard rehabilitation being a recovery process.

Also, many studies reviewed focus on the success of an intervention or rehabilitation programme and so consider recovery in this context, rather than any beyond this period. However, the recovery process demonstrated by all the respondents spanned several years, far outlasting the period of any medical intervention or rehabilitation, this being a small fraction of this time-scale. If rehabilitation forms only part of this process, at which point should any of us be directing our interventions to be most effective? Also, how can we measure our effectiveness in the overall time-span of recovery?

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a) Chp 2 'The musicians hand and arm pain'
b) Chp 4 'Misuse and overuse'
c) Chp 15, 'The musical temperament'

General Advice to Musicians

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Neurolog/Rheumatolog, Consultant Adviser at ISSTIP and BPAMT Clinics; Co-author with Ian Winspur, F.R.C.S., F.A.C.S., of the highly acclaimed book "The Musician's Hand" - a Clinical Guide (Martin Dunitz)

Responsibilities of Performing Musicians

1. Importance of General Fitness
2. Importance of Good Posture
3. Good, well balanced diet
4. Need to work on Relaxation
5. Importance of 'warming up' and 'cooling down'
6. Sensible practice technique, not more than 20-30 minutes at a time. STOP and stretch for five minutes, have a drink
7. Need to have some "body control" techniques so that musicians can control the body in times of stress and not let it control them!
8. Need for recreation /holidays
9. Need to develop broader culture

Responsibilities of Teachers

1. Correct choice of instrument for musician's body build and temperament
2. Correct technique from early stages
3. Inculcate sensible practice and study of technique
4. Early referral to Doctor/Therapist in case of trouble

Playing should never be painful if technique is sound, body fit and spirit calm !

Meeting the 'Grindea Technique' for the first time

Emma Peake PG cert GTCL LTCL CT ABRSM

Session One – The First Encounter

'Carola and I started our lengthy correspondence, via email, in April 2003. On hearing about the International Society of the Study of Tension in Performance Summer School I had written requesting information. I received a prompt response and was asked what my interest in the subject was. I explained that I had experienced years of pain in my hands, arms and shoulders and, although had managed to return to playing, was now in my third and worst relapse since the more serious problems began at aged 19. Since then I have visited an assortment of specialists who have diagnosed a variety of disorders and prescribed endless courses of steroid injections, painkillers and anti-inflammatories. Their advice has been to stop playing the violin and one General Practitioner even had the insensitivity to issue careers guidance "Well Emma, you could always train as a secretary"! It was only when I stopped seeking help from these pessimistic experts and became the single authority on my pain that I started to make progress. I am increasingly determined to find reasons and answers not only for myself but also for fellow musicians in similar trouble. Hence my interest in ISSTIP.

Carola's letters were full of advice, understanding and most importantly hope. She was confident that she could help me and with her messages of support she already had.

I arrived in London in July and immediately called her on the phone. The next day we met face to face in her studio.

She asked me to walk across the room again and again – her eyes noting every tiny movement. Finally she commented that I have a good posture (I explained that I have studied Alexander Technique, Yoga and Tai Chi in an attempt to combat the pain in my upper body) but am more 'dependant' on my left leg than my right. I hadn't taken my violin. Being so used to visiting specialists with no interest in my life as a musician it hadn't occurred to me to do so.

However, Carola wanted to see me play. I placed my imaginary violin on my shoulder and played. She only wanted to see me play open strings. I played. She stood next to me, lifted my bow arm and

dropped it. "There is tension in this elbow", she said. (I have suffered painful inflammation in this elbow intermittently for 10 years and only recently have had the excess fluids drained). She simply said: "Bosom up!" and the shoulders broadened to their correct position.

She then asked me to stand in front of the mirror looking straight ahead. I stood gazing at my reflection. "What do you see?", Carola asked. Initially I saw a tall and balanced figure but when I really looked I noticed that my head wasn't central, but leaning very slightly to the left and that, consequently, my right shoulder was positioned higher than the other. I was in fact quite lop-sided.

She then taught me the 'Grindea Technique'. I followed her instructions and was increasingly aware that the two sides of my body had quite different opinions when it came down to the issue of correct posture. Such simple exercises were proving awkward. One side had to imitate the other and didn't seem too keen to give up its known stance. After much patience we reached a sense of equilibrium.

Gradually I could feel warmth in my hands, my whole being felt connected – it felt strange and somehow *wrong in its rightness*. My body had been so dislocated for so many years that now it was *in tune* it seemed foreign.

Carola was pleased with what I had learnt and invited me back to her house the next day to see her work with Jennie, a flautist from the Royal College of Music, who had recently won a scholarship to study for an MMus in San Francisco. She was suffering from shoulder trouble. I was also to take my violin.

Session Two – Working with Jennie

"We must help her", Carola said as she closed the front door behind me. I entered the front room and could immediately sense the tension being emitted by Jennie as we introduced ourselves. As Carola talked her through the 'Grindea Technique' I realized that Jennie was practically two dimensional – a figure cut from cardboard – so rigid and self conscious. She reminded me of myself at 19 – although I think I hid behind a quite convincing disguise. Watching her I felt her pain – physical and psychological. She began to play.

The moment she placed the instrument to her bottom lip her jaw and her neck screamed with tension. Her shoulders and knees locked.

Carola, not for the first time, set about freeing her tortured limbs. Jennie was proving a challenge. After more manipulation Carola asked her to play whilst moving around the room, crouching, stretching, turning her head to the left, to the right, breathing out whenever she could.

The tension lessened and Jennie needed a break. She sat at the piano whilst I took out my violin.

I stood in front of Carola as she directed me through the "Grindea Technique". She could see that I had been practising as was thrilled at the improvements. Having been so fascinated by how alien my body felt in its natural position I had spent most of the previous night in front of the mirror at home trying to move and feel 'normal' in its intended manner.

After *breathing out* I placed the violin on my shoulder, I inhaled and placed the bow on the string and bowed with the exhalation. Repeatedly I bowed and breathed. My eyes were closed. Carola asked me to move around the room playing my violin as she had with Jennie. I moved and played to the ceiling, to the window, to the piano and to the floor. I felt no weight, I was floating, free and painless.

I could hear Carola's voice in the distance and I stopped. I opened my eyes and without speaking we looked at each other. She was smiling, a warm broad smile. I wanted to embrace her. I felt very emotional. My eyes watered and I felt that I could have easily wept.

For the first time in years I felt wholly connected to my instrument. I was not cut off from physical feeling which is a skill that I have perfected to cope with the daily pain. No, I was there – my body and soul played that violin and made that music.

Carola was overjoyed, I was stunned. "Everyone take your instruments" she announced. "Emma, you in A flat, Jennie, you in A and I'll play...anything!!" We made such awful noises – different keys, different tempi – whilst moving around the room as if we were oversized rubber puppets moving in slow motion. We

couldn't continue for more than a couple of minutes due to the onset of hysteria. We may have been silly and uncontrollable but we were not tense. WE FELT LIBERATED!

Carola did some more work with Jennie particularly on her breathing. The tension in her body led to problems which not only affected her playing technically – but also musically. The difference in her playing during this session (as with mine) was not only audible but visible.

Jennie and I walked to the tube station and agreed that the afternoon had been an incredible experience and that we would strive to attain that sense of freedom at all times and not give in to the tension.

We talked about the mental pain of not being physically able to play one's instrument. As we parted we exchanged email addresses and gave each other an encouraging hug. Jennie thanked me for the afternoon and told me to keep my chin up. We looked at each other knowingly and laughed.

According to the 'Grindea Technique' the chin is not the part of the body that one should be keeping up – is it ladies?!

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In touch and in tune with your own body and mind – Grindea Technique

Carola Grindea

In my search for finding some answers to the many problems I encountered while teaching piano students at the Guildhall School of Music and Drama I was constantly observing my students during the lessons, when practising difficult passages and then when playing in front of other students or in public.

They appeared as two totally opposed individuals. In the studio, in a one-to-one situation, they may have been slightly nervous to begin with but soon managed to *play as well as they could*.

Playing for an audience, whether for only a few colleagues or in a public recital there seemed to be a very different person. It was interesting to observe the students' reaction when confronted with a new situation, they were 'trying' very hard to appear at their best but often the results were not what was expected but a forced tone, or technical flaws which affected the overall performance. Although they thought their preparation was adequate, their playing took them by surprise, almost disturbed them.

Some - only very few - actually seemed to respond with their whole being, their concentration was more acute and they communicated real enjoyment while performing.

The 'post-mortem' analysis back in the studio seemed to have had some effect for a while and what we have learnt from the experience we tried to apply when preparing for other performances. The main object was finding the best solutions to cope with the negative tensions which affected the mental and the physiological responses in moments of stress. Of course, a secure technical preparation gives the player confidence and also we realised the value of more rehearsals which help the 'automatic pilot' to take over.

The difference in the students attitude between playing at the lesson and performing on a platform was very telling and *this made me go on with my research* into the effects of negative tensions on the musical performance.

Various Disciplines and Techniques

At that time the Alexander Technique was introduced in the Guildhall School and

I was interested to learn about it and how this could help me and the students when appearing in public.

Studying the new Technique and its philosophy of 'the use of self' opened new vistas. I accepted that one had to study it for a long time, sometimes for several months and even years, before reaching a higher level of realisation.

I was searching for a coping technique which one can acquire without having to depend on a teacher 'giving' the directives while gently manipulating the head or other parts of the body. I also studied other philosophies such as Yoga, Tai-chi, all supreme in their ancient wisdom. I have learnt a great deal particularly regarding the importance of 'Relaxation Techniques' – how to relax the various groups of muscles consciously, through 'tension-release' or, simply by 'thinking', willing to 'let-go'. It was fascinating to see how valuable such techniques were in bringing an integration of body and mind and how these could then be incorporated into the training of music students – instrumentalists, singers, actors, dancers. The goal was to find a link between such studies and their application.

Ultimately, I was hoping to find a technique to use beneficially when facing the audience when there are only one or two minutes before that crucial moment when one 'has to begin'. Only a few moments 'to stop those inner voices' and... GO!

Studying 'breathing techniques' gave me invaluable insight into the endless possibilities of the use of self. I became more and more aware of the importance of positive 'tension', that which becomes 'intensity' in communicating the music and its essence to the audience but also how much more thrilling the performance is when there is 'release' of tension through long, slow exhalations.

After some trials and errors, I believe that I have found the answer to my long search. The '**Grindea Technique**' a simple, easy to acquire 'coping technique', demands only one or two minutes of concentration to bring total integration of mind and body.

The '**Grindea Technique**' – as it is now known – has been the subject of two

serious Dissertations. The first one, has been submitted by Katie A. Antoniou in 1989 at the City University of London for her Degree of Master of Science in Music Information Technology: "Liberate the Body and Mind to Liberate the Artist Within" – a Dissertation studying the causes and symptoms of Musical Performance Anxiety and the effectiveness of Biofeedback Training and Grindea Technique on the reduction of Performance Anxiety.

Another Dissertation by Jonas Sen, for his Degree of Master of Arts in Music in 1991, also at the City University, entitled "Playing the Piano – Playing with Fire" in which he discusses in details the Grindea Technique and its application to his own condition, Focal Dystonia, which he conquered.

The Technique has also been examined at the VOICE CLINIC (Ferenz Institute) at the Middlesex Faculty of Medicine by Mr D. Garfield Davies, ENT Surgeon and his team, to find out the effect of Grindea Technique on a singer's voice. The VIDEO of this experiment is available to be studied by voice students and therapists.

The Technique demands total stillness of body, only the Mental Directives are at work. I recommend to keep the eyes shut so that one feels in touch with the inner self.

- a) Standing at ease with feet slightly apart, concentrate the attention on the spine commanding it to lengthen in an upward direction, not through a movement but allowing the 'brain computer' to take over. One should experience that the head is being lifted gently and placed on the last vertebrae, the Atlas, bringing head, neck and back in perfect alignment. Any imbalance in posture is now corrected.
- b) Exhale very slowly whispering 'Haaaaaa' with your mouth slightly open for as long as possible. Be aware that the breath is going 'inside' the body bringing a state of relaxation in the diaphragm area (solar plexus where we experience all emotion, fear, joy, ecstasy). At the same time one experiences important physical and physiological changes. The shoulders are lower, the arms are getting longer and heavier with a great deal of arm-weight flowing into the hands. One long exhalation seems sufficient to bring so many important physical and physiological changes.
- c) Concentrate attention on ankles and knees and imagine them very supple and flexible like foam. One should experience a strange sensation of lightness of the body as if it was floating

The Body is now *in a perfect state of balance* – totally liberated of any tension.

To achieve this exhilarating state of body and mind demands only a few minutes of concentration and anyone - performer, student, even young pupils - can learn it. I greatly recommend it at the moment of appearing on the stage

The Grindea Technique works on several levels:

Physical and physiological – by liberating the body of any negative tensions while bringing it in that perfect state of balance, with perfect 'alignment' of head, neck and back. The posture is correct and the body becomes light, as if floating.

Psychological – by bringing total stillness in the mind during those few moments when practising the Technique. Thus not only the body but also the mind are free of TENSION.

There is an 'altered state of consciousness' which silences the 'inner dialogue', the mind remaining alert yet free to concentrate on the music to be presented.

There is total integration of mind and body - performer, music, instrument and audience become ONE.

This is the state of body and mind when a performer experiences the FLOW - that Magic Moment (psychologists call it 'Peak Experience') when music takes over and the player reaches his highest potential in performance, oblivious of anything else but the music to be communicated to the audience.

The Grindea Technique takes only a few minutes to study and it is very important that one should stop as often as possible and just 'practise it', bringing the body in that state of wellness with correct posture and particularly correct position of the head until this state 'becomes second nature'. Once the 'brain' has learnt it, only 20 or 30 seconds are needed.

Practice and Performance

So far we studied the 'static stage', the neutral state, in the preparation for a performance and this is very easy to acquire.

To maintain this state of balance of body and muscles while practising, sometimes for many hours with only a few short rests in between, or when performing, this demands a very specialised study, with slow practising and constant awareness of muscular freedom while executing the movements needed to play the instrument.

The 'static stage' demands stillness of body and muscles, a 'state of balance' which is conducive to freedom of movement while a state of total

'relaxation' would hinder it. Playing an instrument means MOVEMENT – and any movement is done through muscular contractions and release. Therefore it is vital that one should understand the principles of 'tension / relaxation' which are at the basis of any instrumental techniques.

"Nothing happens until we move; nothing worthwhile happens until we move with musical purpose" Seymour Fink

(A Symposium for Pianists and Teachers Heritage Music Press)

Moreover, all performers should study the principles of 'differential relaxation'. Instrumentalists, like athletes, learn to use ONLY the group or groups of muscles needed for the execution of a particular movement while the rest of the body is in a state of alertness. That is why it is essential that students and teachers study 'Relaxation Techniques' learning to control one's muscles while developing an awareness of the state of their body.

Ergonomy

The study of 'Ergonomy' – the interaction between the player and the instrument – plays an essential part in the training of instrumental teachers

It is of utmost importance that all movements in instrumental playing should be 'physiologically' correct, in harmony with the body, not against it, allowing the muscular co-ordination and freedom of breathing to function freely.

As a pianist myself, I am concerned with correct use of one's body and arms as well as with the physiological factors involved and which are of immense value in developing a 'Healthy Piano Technique'. (see "A Healthy Piano Technique" – to prevent physical and psychological problems and injuries – by Carola Grindea, Boosey & Hawkes)

Grindea Technique plays an important role. All movements should be initiated from the 'neutral /static' stage. The player sits at the piano with hands prepared over the keyboard, ready to start practising or performing. I do recommend that he/she should do the 'technique' in that position, observing that the head is gently lifted and placed in perfect alignment with neck and back, then exhaling slowly, being aware of the great quantity of arm-weight which flows through the arms into the hands and fingers; then, when ankles and knees relax, the body feels light even if one is sitting down. There is an 'upward' direction of the whole body.

I should like to emphasise here the value of *exhalation* as a performer's greatest

ally in coping with the physiological reactions to fear. The slightest anxiety in the mind, usually just before a difficult passage, causes the player to take a sudden in-breath, stops breathing for a while, the body becomes rigid and only at the end of that passage he/she sighs heavily. Too late.

This is the reason why I recommend that pianists and string players should play with lips slightly parted, this ensures that one breathes 'with the music' when practising and when playing in public. The music flows through the arms into the hands and fingers, into the instrument and beyond and is then communicated to the audience.

At those moments there is musical communication.

In my work with musicians suffering from physical and psychological problems and especially from physical injuries the **Grindea Technique** has been invaluable.

After many years of research I came to a very important conclusion:

Unless there is a medical condition, TENSIONS is at the root of most problems.

Grindea Technique *liberates the body of all negative tensions* and when musicians arrive at the ISSTIP Performing Arts Clinic at London College of Music with their various problems, they find that pain and discomfort seem to vanish when their body is in a 'state of balance', with all the joints in the right position and both joints and muscles are free of tension.

This does not mean that these players are cured. They realise that they have to work thoroughly at developing a new understanding on how to use their body and muscles to *avoid misuse and abuse* and, in most cases this demands a re-assessment of their technique and of their behaviour at the instrument in general. Only such a work will bring a total cure and actually a healthier approach to playing the instrument which, in turn, will allow the musician to function much freer and with greater confidence.

The goal of Grindea Technique will thus be achieved: **"Liberate the Body and the Mind to Liberate the Artist within"**

I can also state here that the technique and the work implied have been of immense help in bringing about a PREVENTION of such conditions.

MUCH MORE is needed and only a close collaboration between Music Colleges and Institutions training Instrumental Teachers as well as the Performers and the teachers themselves will achieve the greatly expected results.

ISSTIP has organised special Courses to train 'Music Medicine Therapists' in 2003 and the first group (doctors, physiotherapists, musicians, performers and teachers) are already able to help their patients and their students, which is an important step towards the greatly needed prevention of these occupational ailments.

Pianist's wrist – The second breathing organ

Silence in music – Carola Grindea

I was fascinated by Claudia Hammond's articles in PIANO Magazine on the complex uses and functions of the thumb and of each of the other fingers, and greatly enjoyed her imaginative musings over writers' or poets' thoughts, occasionally bringing in pianists' or piano pundits' ideas.

I would like to add some observations of my own about that other most fascinating organ – the wrist – and its many uses and functions.

In our life, the wrist plays many and varied roles. First of all, it brings a new world to the child in his first great adventure – that of opening the door to go from one room to another on his own. A gentle, light movement of the wrist 'turning' the handle to one side or the other is sufficient or, if there is an older type of handle, pressing it down then releasing it.

Likewise, when the child throws a ball or a pebble, it is the 'fixed' wrist that connects the clutched little hand with the rest of the arm which he uses with all the energy he is able to summon. Unbeknown to the child, it is the wrist which 'relaxes' immediately afterwards – almost simultaneously – with the arm following through before dropping or

flopping, while he puffs out all the air in his lungs, sometimes screaming with delight.

Again, when stroking a cat, lovingly, from the nape of its neck to its tail, the wrist repeatedly bears the hand along lazily before gently raising it to convey it back to the head, ever so lightly so as not to disturb the raptness of a moment when, for both child and cat, the world stands still.

There are many other uses of the wrist throughout the day, whether holding a precious object carefully, so as not to damage it, or gripping it strongly, the wrist knows 'how' to do it without half trying or thinking about it. These movements have been stored away in the 'automatic pilot' of his brain computer from the moment he started to close his little hand in a gripping movement.

What about pianists ?

From the earliest texts on 'The Art of Keyboard' to the present day, authors of Methods of Piano Technique, theoreticians of various 'schools' of piano playing, piano pedagogues and others have stressed the importance of a *flexible wrist*:

'What I love most in music are the pauses'
Mozart to his father

"...the hand must be held *without tension* over the keyboard, lightly, as if stroking a child's head, otherwise the fingers cannot move with precision and agility". Thus wrote Girolamo Diruta in the first known text, *Il Transilvano or Dialogo sopra il vero modo di sonar organi e instrumenti da penna* – Dialogue on the right manner of playing the organ and plucking instruments – in 1493 or 1497 (Weitzmann-Seifert: *Geschichte der Klaviermusik* p.41, Breitkopf & Hartel, 1899).

Madame Auguste Boissier describes Liszt's teaching in the diary she kept of his observations during his lessons to her daughter, Valerie, ('Liszt Pedagogue' - Ed Honore Champion, Paris 1976). He used the imagery of 'dead hands' (describing the relaxed hand hanging from a high wrist), 'the hand then drops from the wrist on each key' or '... made sure the wrist remains supple throughout ...', 'an elastic motion of the hand', to quote only a few such examples.

Playing the piano does not mean using only fingers, hands and arms (the 'upper limb' in medical jargon) - the whole body is involved and the muscular coordination of the human body is such that the slightest movement involves a whole chain of muscles which have to contract, relax or balance at the precise

moment or the process may be reversed with the same lightning speed. It is as if the body forms a long chain of endless rings where if needs only one ring to move for the whole chain to change its configuration.

Hence the painstaking studies devised through centuries of keyboard playing to develop and refine the skills which lead to artistic piano playing.

This brings me to my chief concern:

'Whatever has happened to the supple, flexible wrist in 20th and 21st Centuries' piano teaching and playing?

It seems to have vanished. The emphasis today is mostly on the training of the five fingers without much regard to the role of a supple wrist and of a balanced state of the arm.

Stiffness of wrists and of other joints causes endless and disastrous problems and injuries affecting many musicians' lives and blighted careers.

Pianists and other instrumentalists pay a heavy price for their constant striving towards Olympic achievements.

What then are the basic movements and functions of the wrist in piano playing?

1. The wrist acts as a 'point of fixation' in preparation for, and at the moment of tone production, but must revert immediately to its 'state of balance' (Zero Tension), regaining suppleness, ready for the next movement or movements.

2. It acts as a 'co-ordinating point' between fingers, thumb and hand and the rest of the playing apparatus, which in turn connects up with the rest of the body. It also acts as a 'bridge' for the arm-weight and muscular energy to be transmitted to the hands and fingers, then on to the keys, the strings and beyond.
3. It executes a diversity of motions in response to the demands of the music:
 - a) vertical - downward and upward
 - b) horizontal - to the right and to the left
 - c) rotational- supination and pronation
 - d) arch-like motions - first described by Liszt, who coined the French term 'cycloidal' (circular) to describe a downward or an upward curve, sometimes the wrist doing a complete circle. (Ex. Play five notes - C,D, E, F, G, - with one motion of the wrist; drop on C, catch all other notes in the same arch-like motion towards G raise it on G completing the circle while dropping it gradually, ending on C.)
4. The 'wrist vibrato touch' – wrists 'vibrate' freely in passages of great agility, in fast octaves or scales in 3rds, 6ths and so on.

NEVER LOCK THE WRIST !

Wrists in repose – Silence

The wrist is the pianist's second 'breathing' organ. (Leschetizky compared it to the singer's breathing at

the end of a phrase). I describe 'Dead Hands' (Liszt teaching of the relaxed hands hanging from the wrist) as *'Wrists in Repose'*.

"This is the position of the wrist for just a fraction of time when a skilled pianist 'breathes' between phrases...when he shifts his arms and hands from one chord to another along the keyboard...in curvilinear movement ...

When the wrist is acting as a pivot in great skips ... the distance between the two points appears shorter..."

(*'Tension in Piano Playing'* by Carola Grindea p 121 – Tension in the Performance of Music – A Symposium, Kahn and Averill 1978)

"And, finally ...the pianist takes his hands off the keys slowly raising his wrists, bringing the hands and fingers afterwards ..." (p.122)

When Nadia Boulanger was asked 'how to begin' that glorious opening of the Chopin Ballade No 4 in F minor op 62, her response was: "There is no beginning ... the music has started long ago in space ...the artist enters, continues ...then the last chord melts into space.." (Masterclass at Bryanston School – Dartington Summer School of Music, 1954).

These are the sublime, infinitesimal moments of total stillness, the silence in Music, which great artists know so well to create, *The Wrists are in Repose*.

ISSTIP

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Book Reviews

A Symposium for Pianists and Teachers:

Strategies to Develop the Mind and Body for Optimal Performance
Edited by Kris Knopff

Contributors: Gail Berenson, Jacqueline Csurgai-Schmitt, William DeVan, Dr Mitchell Elkiss, Seymour Fink, Phyllis Alpert Lehrer, Barbara Lister-Sink, Robert Mayerovitch, Dr Norman Rosen, Dylan Savage.

Foreword by Luiz de Moura Castro, Heritage Music Press, Dayton, Ohio, USA, 2002.

ISBN 0-8932-154-9

Kris Knopff, the editor of this remarkable Symposium, has been aware for a long time of the urgent need to bring out a book devoted entirely to the wellness of musicians – performers, teachers, young students; how to maintain it and how to prevent the many grave occupational dysfunctions which arise from the misuse and abuse of their bodies and muscles. He decided to devote this study to pianists and teachers, and invited ten specialists – two well-known scientists: a medical consultant and an osteopath, along with eight distinguished pianists and pedagogues who have made a mark in this field through their researches devoted to the well-being of their patients or students.

The book is divided into five extensive chapters: The Mechanical, The Technical, The Musical, The Healthful and The Pedagogical, with each chapter containing relevant articles to a total of not less than 26. The well-annotated Contents should act as a serviceable guide to steer readers through the enormous wealth of material and information, and help them select the topics which most interest them to study in depth. It is noteworthy that three of the contributors were themselves afflicted by physical problems and, obviously, by periods of psychological trauma which they solved through lengthy retraining, sometimes by trial and error. Their personal experiences in reassessing their own playing and hence their teaching gave them invaluable insights into their students' conditions. In their concern to save these from going through similar experiences, they set about presenting workshops and demonstrations, publishing articles or books on the subject and illustrating in their performances their newly acquired "freedom" from muscular or mental tensions.

Space is too limited to give detailed accounts of each article. Suffice it to emphasise that each and everyone of these presents vital analyses and clear advice on the many different aspects of piano technique. Dylan Savage in "The Biomechanics and Physiology of Piano Playing" sums these up: "Pianists have long been thinking about how the body actually functions (Physiology) and how best to use the body to play the piano well (Biomechanics)".

Seymour Fink, (author of the acclaimed book and video *Mastering Piano Technique*) contributes several articles in the different Chapters: "Mechanics of the Piano" and "Biomechanics of Healthy Pianistic Movement" ("nothing happens until we move, nothing worthwhile happens until we move with musical purpose", "conceiving of music inside our head before performing – is the primary skill of piano technique" and many more such genuine "pearls of wisdom"; in the chapter *The Technique*, he includes an original approach to "Fingering: the Key to Arming" and another in *The Pedagogy* on "Orienting to the Keyboard: Middle D". Gail Berenson is Chair of Keyboard at Ohio University and recipient of important awards for her work on the well-being of musicians. I had the pleasure to collaborate with her in the First Symposium of its kind in the USA on "Musicians' Physical and Psychological Dysfunctions" at the National Piano Pedagogy Conference in 1987 (where she chaired the Physical and Physiological Section and Prof Paul Salmon the Psychology Section), and we have since had many exchanges regarding further developments. Her articles cover pedagogical aspects such as "The Role of the Teacher If an Injury Should Occur" or "The Benefits of Fitness" in which she draws from her knowledge and experience in guiding students to learn to cope with their responsibilities. Barbara Lister-Sink, recipient of the "Frances Clark Keyboard Pedagogy Award for 2002", presents her views on piano playing in "Keeping it Simple: Fundamentals of a Healthful Piano Technique" as she so admirably illustrated in her Video: "Freeing the Caged Bird – Developing Well-Coordinated, Injury-Preventative Piano Technique".

Jacqueline Csurgai-Schmitt, like Barbara Lister-Sink, had to go through a period of re-training of the whole neuro-muscular system to be able to play again, and she discusses the physiology of piano technique while giving special exercises to improve physical co-ordination, so vital in any skill.

It is left to Phyllis Lehrer, one of our collaborators since the launching of ISSTIP – the International Society for the Study of Tension in Performance – to cover a wide range of topics related to the role of "The Mind" in studying and acquiring "Cognitive Strategies and Skills for Practice and Performance" or for "Coping with Performance Anxiety" (as recommended in Timothy Galway's Zen-based *Inner Game of Tennis* and, in collaboration with Barry Green, in *The Inner Game of Music*).

Norman B. Rosen is not only a well-established doctor who set up and still directs the first Multi-Disciplinary Pain Clinic in the Baltimore area of Maryland, but is himself a pianist and active athlete. Thus he is able to help the many musicians who attend his Clinic thanks to a first-hand knowledge of their problems, the causes and how to treat them.

In his two articles "Overuse, Pain, Rest and the Pianist" and "Muscle Pain and Pianists: The

Myofascial Pain Syndromes and Fibromyalgia" he discusses in detail his approach and gives plenty of helpful advice on how to prepare for the daily practising or when playing in public and especially how to unwind at the end of each session. I highly recommend his "Significant Seven-Exercise Regimen" (pp.160–161), both for coping with painful conditions and even more for preventing them in the first place. They are invaluable!

Dr Mitchell Elkiss, the medical osteopath, conducts a private practice in neurology, osteopathic manipulative medicine and acupuncture. He is able to apply the therapy most suited to a particular condition and, if needed, he uses a combination of treatments. The main object is to give a correct diagnosis and for this he prefers to examine the patient in a "simulated state of playing". He employs "palpitory examination" of the soft tissues to evaluate the range of mobility in the joint segments or muscle groups. Like all the other contributors, he is concerned with prevention and emphasises the role of teachers in this respect.

To add that this book is of enormous value to all pianists, teachers and students is not sufficient. Each chapter has to be studied in depth for one to benefit adequately from the knowledge and experience of the authors. If I have one reservation, it is that there is no mention in any of the articles of that very serious condition, focal dystonia, known in medical jargon as the "Fleisher syndrome" which, sadly, afflicts a constantly increasing number of pianists – many of them young students. I can only hope that the editor will consider devoting a special chapter to it in the second edition of the Symposium – which is bound to appear soon given the importance of this combined initiative!

Carola Grindea

Just Play Naturally

Vivien Mackie in Conversation with Joe Armstrong
Duende Editions £12.00 (incl p&p)
ISBN: 0-971004-0-0
vivienmackie@lineone.net

"This is an Account of her Cello Studies with Pablo Casals in the 1950s and her Discovery of the Resonance between his Teaching and the Principles of the Alexander Technique" – is the subtitle of this remarkable book.

Just Play Naturally is presented as a conversation between Vivien Mackie and her colleague, Joe Armstrong, also a professional musician, while training to become Alexander Technique Teachers. They talked a great deal about music and particularly about Casals, whom both revered, and also about their new experiences discovering Alexander's philosophy.

Vivien Mackie was fortunate to have been exposed to the profound influence of two

great innovators, Casals as a musician and teacher and Alexander as theoretician of the Alexander Technique. Joe became so interested in Casals teaching that he wanted to experience it himself by having a few lessons with Vivien.

In their conversations, both Vivien and Joe point out the uncanny similarity of Casals and Alexander approaches to achieve an ideal integration of body and mind, whether doing the simplest tasks of sitting down or getting up off a chair without disturbing the head-neck-torso alignment, or playing one single note with perfect intonation, quality of tone, with total involvement of body and mind. Vivien found many echoes of Casals' approach to music making in the Alexander teaching.

We read how Alexander has come to the discovery of 'The Use of Self' while searching for an answer to his mysterious loss of voice when singing or acting, which led to the formulation of the revolutionary Principles of the Alexander Technique.

Casals, when only twelve years old, searched for new, more 'natural' movements in cello playing, unhappy with his teacher asking him to bow only with the forearm, with stiff hand and fingers. The young cellist realised that he used the whole arm when bowing and he felt that the sound came from a 'Centre' within the whole being.

Vivien gives a detailed account, lesson by lesson, of her studies with Casals in Prades in the early 1950s, where he had exiled himself in protest at Franco's dictatorship. She had planned to have just ten lessons with Casals, spread over one year, but these became three full years of intense, weekly sessions in which every aspect of cello playing was constantly analysed and refined.

'Just play naturally' he told her at their first session, but what 'naturally' meant for Casals, was far from what Vivien 'tried' to do. He first made some interesting and very helpful suggestions as to her hold of the instrument, the fingers to fall 'naturally' at a correct angle to the strings, with no distortion of their shape; he showed her how to strengthen the little finger which had a tendency to collapse at the top of the knuckle, and above all how to achieve elasticity and strength so that one can have total control of movements.

When, at last, she began to play, he spent a long time on playing just ONE NOTE! The intonation was sharp, sharp again, then flat, until at last he was satisfied. Vivien did not quite grasp how, or when.

The same thing happened with the next note, but then he asked her to play both notes again and again and when she managed to join them in a perfect legato, with the tone he expected to hear, they played that short two-note phrase together. What she heard had such beauty, it was breath taking.

When teaching, Casals played facing the student so that he/she could observe every single detail of his playing – the movements of the arm, how and when the fingers touched the strings – then try to emulate his tone, the intensity of his total involvement.

She could hardly wait to have her second session, but this time, although Casals still

worked in the same way, short phrase by short phrase, whole sections emerged one after another in a shorter time. Her inner hearing had become much more acute and by now she was much freer within herself. She had shed some of her insecurities and she responded to his teaching almost immediately.

She felt that until then she had had a 'blind ear' and it was through this intense search for the right tone and beauty of sound that the master 'was leading her blind, groping ear, showing her where to go'.

He also worked with Vivien on an efficient use of the bow arm. Instead of playing long notes on open strings on one bow, as she had been practising for years, he suggested to play short sections on one bow, constantly varying the dynamics, using a gradual crescendo or decrescendo. Thus the bowing was done in short waves with *living* dynamics. This was very new to her but after practising in this way she noticed that she had gained greater control of her bow arm, and was moving it with total freedom.

She was interested that 'posture' was never mentioned, nor did he correct any wrong movements – these simply righted themselves while concentrating on creating that perfect sound, with perfect timing, with the whole being involved. Neither did Casals discuss 'interpretation' as such; the music would speak for itself if every note, every rest, no matter how short or long, were respected, and above all the 'contour', what he called 'the design' of every phrase, was clearly defined. Then and only then the essence of the music was communicated.

It took three years before Vivien could play the great works of the cello repertoire as he expected of her. With the Master at the other cello, she went through work after work, inspired to go on towards higher and higher realms. Her performances were now sifted through the new vision she had acquired and which had become so intensely personal.

She was ready to return to London. There she made a new discovery, the Alexander Technique. This new knowledge, particularly the study of anatomy and physiology, resulted in her developing a totally new understanding: a heightened awareness of the functioning of the body whether in action or at moments of rest, ready for the next action, whether playing the instrument or at any other time. She is now applying this in her teaching, working with cello students and other musicians, integrating the two approaches – the teaching of Casals and that of Alexander.

Her own playing has acquired new dimensions and also, she finds that she has reached greater freedom and flexibility – tension seems to dissolve while the music flows through her whole being into her arms, her hands, fingers, the bow, the strings and beyond.

I personally have found this book enthralling and illuminating and I believe that not only cellists and Alexander Technique students will benefit but all musicians – performers, teachers, students – will be enriched through studying these fascinating Conversations.

Carola Grindea

The Craft of Piano Playing – A new approach to piano technique

by Alan Fraser

£25.00

The Scarecrow Press, 2003

The enormous collection of books devoted to the subject of piano technique and interpretation which have been published over the past century and more reflects the myriad of piano schools and ideologies that are in existence. Two main distinct schools of piano thought have grown up. The first was dominant in the early days of the piano and was clearly influenced by harpsichord technique, namely the 'finger-action' school, whereby the fingers were lifted high with the arm kept relatively still. The second grew out of a dissatisfaction with this rigid form of playing and focussed more on the use of the arm and wrist relaxation. The in-depth treatises of Matthay and Breitaup, most notably, sought to theorise this 'arm weight' school of thought. Both these styles of playing in one form or another are still in existence today. However, as Alan Fraser argues in this fascinating new book, while both camps contain many positive elements, there are many problems inherent in both methods of pianistic training. This book was conceived in an attempt to 'fill in the missing link between musical intention and physical execution' and to provide a more naturally functional approach to piano playing that works in harmony with what our bodies demand.

This study is the result of years of searching and thinking about piano performance and pedagogy; Fraser brings to it his astoundingly profound knowledge of body movement and structure, acquired through his training as a practitioner of the Feldenkrais Method, and his study of Eastern martial arts such as T'ai chi, in addition to extensive experience as a concert performer and pedagogue. The central tenet of Fraser's teaching is generated from the belief that many of today's pianists fail to use their body in a naturally functional way and thus their physical movements are often working against their musical intentions. Taking T'ai chi walking as a starting point, he demonstrates with a series of musical examples how the hand arch can be strengthened through a manipulation of its skeletal structure, resulting in a truly functional use of the hand and arm. The result according to Fraser is two-fold. It opens up a whole new world of sonic possibilities, untapped by most players, that lie hidden within the instrument. In addition to this he believes that a stiff arm is often a consequence of a lack of a functional hand strength: developing this strength does not involve going to extreme measures to develop our hand muscles (as he notes, no Charles Atlas type muscle-building!!), but on the contrary it is acquired through the utilisation of our muscular and skeletal structure in its most natural way, often awaking muscle areas that would otherwise lie unused. In this way he believes that many pianists' injuries could be avoided through the proper organization not only of our visible muscular actions, but of the internal workings of our muscles. Numerous examples of exercises are provided throughout the book for the reader to try at the piano.

One word of caution for those who have been afflicted with piano-related injuries – some of these exercises exert great pressure upon the arms and hands, and therefore should be approached with great care.

In the 400 pages or so of this book Fraser challenges many common pedagogical beliefs and ideas of movement, with detailed discussions of such areas as arm weight and the role of the arm, legato playing and natural finger shape among others. Although this study is devoted primarily to the physical aspect of playing the piano (what Fraser calls the foreground), fascinating insights and ideas are also provided into the middleground and background, namely rhythm and phrasing, and the emotional content of music. Despite its length and attention to detail this study avoids the dryness of many pedagogical manuals and is delivered with wit and charm, openness and a strong clarity of intention and thought making it incredibly user friendly. In addition to all the answers it provides it is all the more admirable for the apposite questions it asks which are likely to stimulate any reader into their own personal thinking and to persuade them to jump on the band wagon in the search for a more functional and 'sonically rich' approach to the piano.

Manus Carey

Confident Music Performance

Fix the Fear of Facing an Audience

Ruth Bonetti

WORDS AND MUSIC/Australia

£12.95

ISBN 0 9578861 6 0

Ruth Bonetti's *'Taking Centre Stage'* (now out of print) was acclaimed as a valuable book for all performers to be able to confront their many and serious occupational dysfunctions, particularly how to cope **at the moment when facing an audience.**

Bonetti has done it again. She has enlarged her study introducing interesting details and helpful advice in her new publication **'Confident Music Performance'**.

The structure is similar to the previous book, with four main chapters: *The Problem, The Solutions, Specific Situations, The Reward*, each chapter presenting further thoughts and solutions, demonstrating how to treat, in particular, the 'fear of being afraid' when appearing on the platform.

She considers this as the main source of the anxiety surrounding a performance, which, in turn, creates a whole chain of other physiological and psychological responses.

Bonetti gives sound advice on how to 'make work for you' the 'brain power' with which we are endowed, through a well planned physical and mental preparation for a confident and vital performance, ultimately, to reach that total freedom and exhilaration of the 'peak experience'.

The entire study is based on her own experiences as a performer, teacher, lecturer, but also on her learning experience at her

workshops with the many musicians afflicted.

What really matters is her ability to communicate her understanding of what it feels like when negative thoughts undermine one's confidence, at the same time giving you the tools which may enhance your performances.

I think that 'Confident Music Performance' should be studied by all performers and teachers, for their own and for their young students wellness. Highly recommended.

Carola Grindea

Practising Perfection: Memory and Piano Performance

by Roger Chaffin, Gabriela Imreh and Mary Crawford.

Lawrence Erlbaum Associates, Mahwah, New Jersey & London, 2002.

ISBN 0-8058-2610-6

Of all the interdisciplinary collaborations of late between psychologists and performers (Miklaszewski, Hallam, Clarke, Davidson, Williamon), surely the most fruitful and "natural alliance" (to use Chaffin's own words) has been that of the American-Romanian concert pianist Gabriela Imreh with cognitive psychologist Roger Chaffin and his wife the social psychologist Mary Crawford. I would go so far as to say that the report of their research should be required reading for every pianist, piano student and teacher in the land. And to think, as Mary Crawford relates, that it all came out of an invitation for Gabriela to give a workshop on memorisation for the 1993 EPTA International Conference in London – an invitation in which she asked Roger Chaffin to join her!

Thus were sown the seeds of a project the discussion stages of which were to occupy them up until its realisation during those crucial six months in 1996 – a project which was to apply the tools of cognitive psychology to a complex *motor* skill rather than as before to conceptual skills like chess thereby seeking an answer to the question: "How can a person mindfully perform a highly overlearned skill?" (p.93). What teacher or pupil would have the patience to observe (through video) and analyse 33 hours of practising directed towards the mastery and memorisation of the last movement of Bach's *Italian Concerto* and what musician, if not of the altruism and vision of a Gabriela Imreh, would lend herself to the process for the sake of "gaining understanding of her memorisation processes" and "to help other pianists both students and professional concert artists" (p.247). For a performer, letting a video camera into her studio – especially in such sensitive subjects as practice and memorisation – would be tantamount to allowing a voyeur into her marital bedroom, but she defended her decision by saying "performers have learned how much help they can get in return for opening up...It is acceptable to be human..." (p.29).

What it has given us pianists, quite apart from turning such cognitive field research inside out, has been the mapping-out of an intensive step-by-step "Six-month Plan" – following the example of Ms Imreh – for making a new work

completely our own – analysing its main structural points around which to organise our labours and instituting a three-level hierarchical system of retrieval cues – basic, interpretive and expressive. Using structural boundaries as points of departure is an essential part of this strategy because it establishes structural features as retrieval cues – whether in the learning or memory process. "Students who use this strategy give better performances" claims Chaffin, citing Williamon and Valentine's 2002 findings (p.260). Of these retrieval cues, the higher-order expressive cues finish by subsuming all the rest on the principle that "...this kind of reorganisation of thinking about a task to focus on high-level goals is a normal feature of the development of any highly-skilled activity (Wegner and Vallacher, 1986)" (p.72). Moreover, "letting go of the lower-level cues allows the artist to achieve the trance-like state of focused attention associated with optimal performance" (p.252). At the same time, the expressive cues still remain firmly attached to the main structural points as if to confirm Professor Eric Clarke's thesis ["Expression in Performance" in J.Rink (Ed) *The Practice of Performance*, Cambridge 1995] that expression is a function of structure – that is to say, if structure *itself* is not simply the coding and harnessing of the original urge for expression. This important truth only seems to register on the authors towards the end: "Because the composer's expressive intentions are encoded in the musical structure, directing attention to structural features makes the performance more expressive" (p.260), thus tying up properly programmed learning, memorisation and now expression itself in one and the same bundle. In practical terms, "it is possible to mentally rehearse the entire piece in terms of the expressive goals of each passage. The rechunking creates a new level of organisation in the retrieval hierarchy, providing the memory cues to be used in performance...when pianists talk about their performances, their descriptions are often given entirely at the level of expressive cues" (p.171).

Needless to say, carrying through a project of such magnitude required constant give-and-take on both sides as well as a readiness on the part of the psychologists to abandon the usual condescension to the performer as a subject rather than as a co-author and equal agent in the research. It is what Mary Crawford describes as an "implied power hierarchy" which has so often vitiated similar initiatives in this country and it was this peer-status which the Chaffins conceded with such an easy grace. Summing up, they state their case as follows: "We set out to make the tools of cognitive psychology available to the artist to ask her own questions about how she learned and memorised rather than starting with a set of hypotheses to be tested using the performer as subject" (p.264). At the end of it all, Gabriela confesses herself more than content with the result: "the biggest thing I have learned is that memory is not voodoo. It gives me great confidence to know that there is a scientific basis for what I do" (p.267). But not without a word of caution to fellow-performers: "it is possible to overdo the kind of conceptual preparation that we focus on in this book". It was characteristic of the Chaffins' unfailing delicacy to the end that Gabriela was left to have the last word!

Malcolm Troup

The Perfect Wrong Note – Learning to Trust your Musical Self

William Westney

Amadeus Press, £17.99

ISBN 1-57467-083-2

Like many other EPTA members, I've had the great pleasure of seeing William Westney in action at various conferences in the US and the UK, giving presentations, performing or, most enjoyably, observing participants in his trademark workshop, 'The Un-Masterclass'. On those occasions, I'd been struck by how easily he seemed able to channel the participants into getting in touch with their inner musicality, many of them having initially approached the workshop in a self-conscious manner. Westney's ability to facilitate individual self-expression in a group of somewhat nervous strangers is impressively seamless.

So when the offer came to review his new book, *The Perfect Wrong Note*, I was filled with enthusiasm. I trusted that the book would give Westney the opportunity to expand upon and integrate many of his ideas of approaching music in a creative, spontaneous way, while still maintaining the integrity and dignity of the art. I also felt certain that a book would allow him the space for more detailed reflection than a one or two hour workshop ever could.

And I was right. *The Perfect Wrong Note* is an absolute joy to read, with much material that stimulates and engages. Best of all, it effortlessly moves the reader to get in touch with their own reflective realm. In fact, when the book arrived, I immediately started reading it the way a six-year old approaches opening the presents at their birthday party – with utter abandon. I scribbled in the margins, I underlined and circled, I nodded, and I starred. I enjoyed the pleasure of reading it and the pleasure of reflecting upon the simple wisdom within it. And then I reminded myself that I had to review it.

So, I began to read it again, this time with the reviewer's hat on. And that's when it hit me. That's when the inner dialogue kicked in. The one all musicians know; the one I had thankfully banished years ago from my playing. The one I had never had (again, thankfully) in my teaching or public speaking. But there it was: 'Will my review be good enough?!, What if I disappoint the readers – or the author?! What do I possibly have to say to the good members of EPTA about this book?' But, of course, that's very much the focus of what this book is about. When I read it first, it was with glee, without fear, without judgement; I was free to be moved by it and therefore to simply respond to its offerings in a genuine and honest manner. And that's the essence of much of the author's important message in this book: that we can learn to trust and rely upon that instinctive, intuitive self – the natural rather

than the contrived self – particularly, and most assuredly, in our musical quests.

Westney is asking new questions not addressed elsewhere that draw upon wisdom outside of traditional music sources. The provocative title reminds us of how much time is traditionally spent on reacting negatively to mistakes. The author here is trying to encourage us to let go of that 'quelle horreur!' knee-jerk reaction to errors and replace it instead with a more reflective and responsive mentality. In that way, we can respond to our wrong notes in a way that sheds light, rather than forming a cloud of doom.

Westney gives the reader a range of practical and philosophical directions to pursue, and thought-provoking dialogue for helping us (and our pupils) formulate our own relevant questions. What would happen if we viewed our upcoming performances with all the vitality of a six-year old? How would our time spent practising be different if it was seen as a time for experimentation, not just duration? Whether you're reading this as a player or a teacher, or both, you won't fail to be drawn in by the author's inviting, yet quietly compelling style. Simply put, you'll enjoy reading and re-reading this book. Trust me.

Patricia Powell

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'Just Play Naturally' by Vivien Mackie in conversation with Joe Armstrong, is an account of her 3 years' study with Pablo Casals in the 1950s, and her discovery, later, of the resonance between his teaching and that of F. M. Alexander.

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